



# ALL SAINTS' MONTESSORI SCHOOL

## SUMMER CAMP 2020 REGISTRATION FORM

All Information contained in this form is confidential

Summer Camp Hours 8:30 am to 6pm (subject to change based on enrollment)

Child's First & Last Name: \_\_\_\_\_

### Program Fees

Full Day Program 8:30am - 4:00pm **\$250.00 per week** \*Snack & Lunch included  
Extended Hours 4:00pm - 6pm **\$30.00 per week**

Monthly Fee \* \$975.00 (Full day 8:30am - 4pm) additional \$120.00 for extended hours  
If you require: \* 4 weeks of Summer Camp + 4 weeks of extended hours: \$1095.00

**Weeks Attending** Please mark the \_\_\_ for the following weeks you would like to register

___ <b>Week 1 July 6-10, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 2 July 13-17, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 3 July 20-24, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 4 July 27-31, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 5 Aug 4-7, 2020 (Aug 3, 2020 is Civic Holiday)</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 6 Aug 10-14, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 7 Aug 17-21, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm
___ <b>Week 8 Aug 24-28, 2020</b>	___ Full Day 8:30am-4pm	___ Extended 4pm - 6pm

Total Payment: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

<b>Office Use Only</b>		
Payment Received: _____	Total Payment: _____	Immunization Record Copied: _____
Office/Supervisor Signature: _____	Date: _____	



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**Please completely fill in all the blanks clearly.**

Student's Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (Month/Date/Year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

### **Parent 1 (Father / Mother / Guardian)**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Work Address \_\_\_\_\_

### **Parent 2 (Father / Mother / Guardian)**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Work Address \_\_\_\_\_

### **Emergency Contact 1 (if parents cannot be reached)**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

### **Emergency Contact 2 (if parents cannot be reached)**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

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### **Student's Medical Information**

Health Card Number \_\_\_\_\_ Immunization Record attached \_\_\_\_\_

Immunization Exempted (please specify) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**Allergies to note** (e.g. nuts, milk, seafood, fruits, drugs, sunscreen, animals, insects, hay fever or chemicals or medication, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_ (please specify) \_\_\_\_\_

Signs & Symptoms \_\_\_\_\_

\*Please complete an Anaphylactic Plan

### **Health / Behaviour**

Does your child have any health or behavioural conditions we should know about? (e.g. asthma, diabetes, epilepsy/convulsions, heart disease, hearing problems, emotional conditions, sleeping arrangement, vision difficulties or special needs, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_ (please specify) \_\_\_\_\_

### **Medication**

Will your child be requiring any medication to be taken or administered regularly at school?  
(e.g. EPI pen, ANA kit, asthma ventilator, Ritalin or other drugs.)

No \_\_\_\_\_ Yes \_\_\_\_\_ (please specify) \_\_\_\_\_

**Previous History of Communicable Diseases** (e.g. Chicken Pox, Measles, Mumps, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_ (please specify) \_\_\_\_\_

**Previous History of Respiratory Diseases** (e.g. COVID-19, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_ (please specify) \_\_\_\_\_



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### **Terms of Payment**

1. Enrolment is for summer camp from July 6 to August 28, 2020 and does not apply to the academic school year.
2. New students require a \$150 Non-Refundable Registration fee.
3. **No Refund and No Credit will be given for absent days, illness, or non-attendance.**
4. Cancellation and Refund Policy: registration fee and posted-dated cheques are refundable, provided a written notice received on less than two weeks in advance. After that, the registration fee is non-refundable and posted-dated cheques will be returned back when a written notice of cancellation is provided.
5. **NSF Cheques:** An administration and processing fee of \$40.00 will be charged for each cheque returned by the financial institution.
6. The tuition must be paid promptly as per the fee schedule.
7. Registration will only be accepted with all posted-dated cheques attached.

### **Re: Excursions**

Along with the fun-filled activities for summer camp, we would occasionally like to be able to escort the children to a nearby park or simply for a walk outdoors if the weather permits.

Since we have no control of the weather, it would be very difficult for us to pre-plan such outings. Kindly sign the permission to allow your child to attend these excursions as well as those planned for summer camp.

I give permission for my child \_\_\_\_\_ to attend excursion scheduled at the discretion of the staff, and waive the school, its staff and teachers from the liability of any children's action and consequence of injuries as a result of his/her participation in these activities.

"I understand and agree with all policies and procedures regarding the summer school sessions. Attached to registration are all cheques payable."

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_