SHATS MONTESSON SCHOOL

ALL SAINTS' MONTESSORI SCHOOL

SUMMER CAMP 2021 REGISTRATION FORM

All Information contained in this form is confidential

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

Ă munit	Summer Camp Hours	o. South to opin (subject to change based on emoninent)				
Child's First & Last Name:						
REGISTRATION DEADLINE: FRIDAY, MAY 28, 2021						
REGISTRATION FEE \$150.00 (Apply to returning or new students ONLY)						
PRE-CASA	18 months to 30 months	\$290.00 per week (Full Day Program 8:30am – 4:00pm)*				
<u>CASA</u>	2.5 to 6 years old	\$270.00 per week (Full Day Program 8:30am – 4:00pm)*				
EXTENDED	O CARE	<u>\$30.00 per week</u> (4:00pm – 6:00pm)				
*Snack & Lunch included *5% Discount for 4 Consecutive Weeks Registration						
PRE-CASA 4 consecutive weeks Full Day Program: \$1,102.00 4 consecutive weeks Full Day Program + Extended Hours: \$1,216.00						
<u>CASA</u>	CASA 4 consecutive weeks Full Day Program: \$1,026.00 4 consecutive weeks Full Day Program + Extended Hours: \$1,140.00					
Weeks Atten	ding Please mark the for	the following weeks you would like to register				
	July 5-9, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Week 2	July 12-16, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Week 3	July 19-23, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Week 4	July 26-30, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Week 5	Aug 3-6, 2021 (Aug 2, 2021 is Civic 2) Full Day 8:30am – 4pm	Holiday)Extended 4pm-6pm				
Week 6	Aug 9-13, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Week 7	Aug 16-20, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Week 8	Aug 23-27, 2021 Full Day 8:30am – 4pm	Extended 4pm-6pm				
Total Payment: Parent Signature:						
Office Use Only Payment Received: Total Payment: Immunization Record Copied:						
Office/Supervisor Signature: Date:						

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Please fill in all the blanks clearly.

Student's Surname	First	Name	
Date of Birth (Month/Date	e/Year)/	Age	Gender (M/F)
Home Address		City	Postal Code
Parent 1 (Father / Mothe	er / Guardian)		
Surname		First Name	
Home Address		City	Postal Code
Home/Cell Phone		Email	
Occupation		Business Pho	ne
Work Address			
Parent 2 (Father / Mothe	er / Guardian)		
Surname		First Name	
Home Address		City	Postal Code
Home/Cell Phone		Email	
Occupation		Business Pho	ne
Work Address			
Emergency Contact 1 (if	f parents cannot be reached)	
Name	Phone No.		Relationship
Home Address	City _		Postal Code
Emergency Contact 2 (if	f parents cannot be reached)	
Name	Phone No.		Relationship
Home Address	City _		Postal Code
Daily Release to			
Name	Relationship:		Phone No
Name	Relationship:		Phone No

SANTS MONTESSOR, SCHOOL

ALL SAINTS' MONTESSORI SCHOOL

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Student's Medical Inf	<u>formation</u>		
Health Card Number _		Immunization Record attached	
Immunization Exempt	ed (please specify)		
Doctor's Name		Phone No	
		sunscreen, animals, hay fever or medication, etc.)	
No Yes _	(please specify)		
Health / Behaviour	any haalth or habayiayral aandition	no wa should know shout? (a g. asthma, dishatas	
	heart disease, hearing problems, en	ns we should know about? (e.g. asthma, diabetes, notional conditions, sleeping arrangement, vision	
No Yes _	(please specify)		
Medication			
-	uiring any medication to be taken of a sthma ventilator, Ritalin or other	or administered regularly at school? r drugs.)	
No Yes _	(please specify)		
Previous History of C	Communicable Diseases (e.g. Chic	cken Pox, Measles, Mumps, etc.)	
NoYes	(please specify)		

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Terms of Payment

- 1. Enrolment is for summer camp from July 5 to August 27, 2021 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 post-dated cheques are refundable, provided a written notice received by June 7, 2021. After that, the registration fee is non-refundable and post-dated cheques will be returned back when a 2 weeks written notice 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 <u>only be accepted</u> with all post-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 simple for a walk outdoor 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: ______