

March Break Camp	Age	Current Students		New Students	
March Camp March 12-16, 2018 This March Camp the children will be focusing on Dance & Movement. The children will have the opportunity to experience gross motor activities such as dances from different parts of the world, Yoga, gymnastics and arts & crafts. There will be a variety of fun filled activities to enjoy.	Toddler 18 m –2.5 yrs	Full Day	\$270	Full Day	\$330
		Half Day	\$220	Half Day	\$270
	Casa 2.5 yrs- 6 yrs	Full Day	\$250	Full Day	\$310
		Half Day	\$200	Half Day	\$250

Camp hours		Additional Fees	Current students	New Students
Standard Hours:	9am–4pm	Catered Lunch (1week)	N/A	\$35.00
Half Day Hours:	9am–12pm	Extended Hours 7:00–9am	\$35.00	\$40.00
Half Day Hours:	1pm-4pm	Extended Hours 4-6pm	\$35.00	\$40.00

Note:

- This program is offered to children currently enrolled with Mastermind Montessori as well as to children not yet enrolled.
- To ensure registration, the attached application form must be signed and full payment for the week of enrollment must be given.
- The above fees include 2 healthy snacks for full day students and one healthy snack for half day students.
- **Early Bird Discount** of 7% will be applied to the tuition, not including lunch and extended care, when payment is received before February 1st.

Office Use Only:

Payment received on:	Cheque Number:	Date on the cheque	Total:
----------------------	----------------	--------------------	--------



Mastermind Montessori School
 735 Markland Street
 Markham, ON L6C 0G6
 Tel: 905-888-8488
 Email: info@mastermindmontessori.com

Mastermind Montessori March Break Camp March 12-16, 2018

Child's Information

Last Name:	First Name:	Male/Female:	Birth Date(mm/dd/yy)
Street Address:	City:	Province/Postal Code	Home #
Father/Legal Guardian Name: _____ Home #: () _____ Cell #: () _____ E-mail: _____ Home Address: _____		Mother/Legal Guardian Name: _____ Home #: () _____ Cell #: () _____ E-mail: _____ Home Address: _____	

Medical Information

Ontario Health Card #:	Name of Physician:	Physician's Phone Number:
------------------------	--------------------	---------------------------

Emergency Contact (in the event that neither parent/legal guardians are available)

Last Name:	First Name:	Telephone Number:
Allergies/ Restrictions:		
EpiPen:		
Please specify symptoms of allergic reaction and any special care needed:		
Pick-up List - Person(s) permitted to pick up your child other than the parent		
Last Name:	First Name:	Telephone Number:

Consent

I/We, the undersigned parent(s) or guardian(s) of _____ acknowledge that the medical information provided to Mastermind Montessori Schools will only be used for the purpose of emergency medical treatment in the event of an accident or illness involving my/our child. I/We, the undersigned parent(s) or guardian(s), hereby acknowledge that I/We have read the entire contents of this health and medical form. Mastermind Montessori Schools will not be responsible for any incidents that may occur as a result of information that has not been updated since the time of this date.

 Parent/Guardian Signature Date Parent/Guardian Signature Date

Activity Consent and Declaration

IN CONSIDERATION of **Mastermind Montessori Schools ("THE SCHOOL")** accepting the application by _____ ("**THE CAMPER**") for registration in our March Camp 12-16, 2018 program ("**THE CAMP**"), the undersigned parent(s) or Guardian(S) hereby agree:

1. The undersigned consent to the CAMPER participating in all regular and extracurricular camp activities, and such activities may include, without limiting the generality thereof, playground and other athletic activities as well as cultural and social activities. I/We agree to inform THE SCHOOL, prior to camp commencement, of any health issues that might restrict the CAMPER's ability to participate in the selected program.
2. THE SCHOOL reserves the right to make such rules and regulations regarding the operation of the CAMP as it deems appropriate, and it is a condition of attendance that these rules and regulations, be observed.
3. The undersigned acknowledge the right of THE SCHOOL to decide unilaterally to suspend, discipline, or dismiss any CAMPER whose conduct is deemed unsatisfactory or whose influence does not serve the best interested of THE SCHOOL. Any such disciplinary decision shall be made in accordance with school procedure.
4. The undersigned acknowledge the prior and ongoing collection by THE SCHOOL of information regarding my/our child, including name, address, telephone number, health information, photographs, and similar items and I/We hereby agree to the use by THE SCHOOL of any of this information for appropriate educational purposes and for the purpose of information me/us about other programs and serves offered by THESCHOOL.
5. If my/our child is accepted as CAMPER, I/We agree and understand that in the event of an accident or illness occurring to my/our child, THE SCHOOL will make every reasonable attempt to contact the undersigned. If, however, I/We cannot be reached I/We hereby give THE SCHOOL, its directors, officers, agents, and/or employees, the authority to act on my/our behalf in case of an emergency and to take appropriate steps to have a doctor or other medical personnel attend to my/our child.
6. Further, if my/our child is accepted as a CAMPER, I/We agree to release and indemnify THE SCHOOL, its directors, officers, agents, employees and volunteers, from any and all claims for damages or other amounts arising directly or indirectly from any accident, illness, injury or any other reason as a result of the CAMPER'S participation in any camp activities. I/We hereby acknowledge that I/We have read and affirm the entire contents of this application and consent.

I/We, the undersigned parent(s) or guardians(s), have executed this CAMP Application and Consent,

This _____ day of _____, 2018 at _____, Ontario.

Parent/Guardian

Parent/Guardian