

Summer Camp Enrollment Form

July 2 - August 23, 2019

STUDENT'S INFORMATION

Student's Name: _____ Home Phone: _____
Home Address: _____ Date of Birth (DD/MM/YYYY): _____
City/Postal Code: _____ Gender: ☐ Male ☐ Female

Application is for the _____ Room.

We will drop off our child at _____: _____ a.m. and pick them up at _____: _____ p.m.

PARENT'S INFORMATION

ALL FIELDS MUST BE COMPLETED

Mother's Name: _____ **Cell Phone:** _____
E-mail Address: _____ **Work Number:** _____
Home address: _____
Work address: _____

Father's Name: _____ **Cell Phone:** _____
E-mail Address: _____ **Work Number:** _____
Home address: _____
Work address: _____

EMERGENCY CONTACT (OTHER THAN PARENTS)

ALL FIELDS MUST BE COMPLETED

1. Name: _____ Phone: _____ Relation: _____
2. Name: _____ Phone: _____ Relation: _____

PICKUP CONTACT INFORMATION (OTHER THAN PARENTS)

Please list the info of the persons other than parents or guardians who are authorized to pick up your child from school.

1. Name: _____ Phone: _____ Relation: _____
2. Name: _____ Phone: _____ Relation: _____
3. Name: _____ Phone: _____ Relation: _____
4. Name: _____ Phone: _____ Relation: _____

MEDICAL INFORMATION

Doctor/Pediatrician: _____ Student's Health Card Number: _____

Address: _____ Phone: _____

City/Postal Code: _____

Does your child suffer from any allergies? ☐ No ☐ Yes If Yes, list all allergies, especially food allergies: _____Does your child have any Dietary Restrictions? ☐ No ☐ Yes If Yes, please specify, _____

Exercise Restriction(s): _____

Previous Communicable Diseases (e.g. Chicken pox, Measles, TB): ☐ Yes ☐ No If Yes, please specify with dates: _____

Special Medical Conditions (e.g. Eczema) _____

Immunization Record submitted? ☐ Yes ☐ NoRecent photo submitted? ☐ Yes ☐ No

IN CASE OF EMERGENCY resulting from an accident or illness and prompt medical attention is deemed necessary and I/WE cannot be immediately contacted, I/WE hereby give permission to Mastermind Montessori Schools, its Agents and/or Employees for my child to be taken to the nearest medical facility or to the Emergency Department of the nearest hospital. I/WE hereby give permission to the Physician on duty to hospitalize, secure proper medical treatment(s), order injections, anesthetics, or surgery for my child. I understand that any medical expenses incurred for such treatment(s) are my responsibility. _____ Initial

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.

I/WE _____ acknowledge that I/WE have read it, understand it and are in agreement with its provisions.

Signature of Parent/Guardian _____ Date _____

Summer Camp Fee Schedules

	Toddler		Pre Casa		Casa		Lunch	Extended Care		Weekly Fee sub-total
	(15 mths - 2.5 years)		(2.5 - 3.5 years)		(3 - 6 years)			Optional		
	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day				
	9am-4pm	9am-12pm	9am-4pm	9am-12pm	9am-4p	9am-12pm		Morning	Afternoon	
		Or 1-4pm		Or 1-4pm		Or 1-4pm		7-9am	4-6pm	
<u>*Week 1:</u> July 2 - 5	\$300 ☐	\$210 ☐	\$280 ☐	\$200 ☐	\$280 ☐	\$200 ☐	\$32 ☐	\$24 ☐	\$24 ☐	
<u>Week 2:</u> July 8 - 12	\$370 ☐	\$250 ☐	\$350 ☐	\$240 ☐	\$350 ☐	\$240 ☐	\$40 ☐	\$30 ☐	\$30 ☐	
<u>Week 3:</u> July 15 - 19	\$370 ☐	\$250 ☐	\$350 ☐	\$240 ☐	\$350 ☐	\$240 ☐	\$40 ☐	\$30 ☐	\$30 ☐	
<u>Week 4:</u> July 22 - 26	\$370 ☐	\$250 ☐	\$350 ☐	\$240 ☐	\$350 ☐	\$240 ☐	\$40 ☐	\$30 ☐	\$30 ☐	
<u>Week 5:</u> July 29 - August 2	\$370 ☐	\$250 ☐	\$350 ☐	\$240 ☐	\$350 ☐	\$240 ☐	\$40 ☐	\$30 ☐	\$30 ☐	
<u>*Week 6:</u> August 6 - 9	\$300 ☐	\$210 ☐	\$280 ☐	\$200 ☐	\$280 ☐	\$200 ☐	\$32 ☐	\$24 ☐	\$24 ☐	
<u>Week 7:</u> August 12 - 16	\$370 ☐	\$250 ☐	\$350 ☐	\$240 ☐	\$350 ☐	\$240 ☐	\$40 ☐	\$30 ☐	\$30 ☐	
<u>Week 8:</u> August 19 - 23	\$370 ☐	\$250 ☐	\$350 ☐	\$240 ☐	\$350 ☐	\$240 ☐	\$40 ☐	\$30 ☐	\$30 ☐	
* Four-day Week							Parent's initial		TOTAL	

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(s) of enrollment must be given.
- A 5% discount** will be given to parents who pay a single payment before **May 3, 2019**.
- A 5% discount** will be given to parents who register for the full 8 weeks program not including lunch and extended care.
- A 5% sibling discount** will be given for a second child not including lunch and extended care.
- The total discount cannot exceed **10%**.
- The above fees include two healthy snacks for full day students and one healthy snack for half-day students.

Activity Consent and Declaration

IN CONSIDERATION of **Mastermind Montessori Schools ("THE SCHOOL")** accepting the application by

_____**("THE CAMPER")** for registration in our summer 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 THE SCHOOL.
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.

Parent/Guardian Name Print

Parent/Guardian Name Print

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date