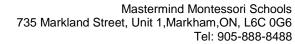


Mastermind Montessori Schools 735 Markland Street, Unit 1, Markham, ON, L6C 0G6 Tel: 905-888-8488

Email: info@mastermindmontessori.com

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:		
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 (OTH	IER THAN PARENTS)		
Please list the info of the persons other that	an parents or guardians who a	re authorized to pick up your child from school.	
1. Name:	Phone:	Relation:	
2. Name:	Phone:	Relation:	
3. Name:	Phone:	Relation:	
4. Name:	Phone:	Relation:	



Email: info@mastermindmontessori.com



MEDICAL INFORMATION

Doctor/Pediatrician:	Student's Health Card Number:
Address:	Phone:
City/Postal Code:	
Does your child suffer from any allergies? \square No \square	Yes If Yes, list all allergies, especially food allergies:
Does your child have any Dietary Restrictions? \(\subseteq No \)	☐ 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 ☐ No	
Recent photo submitted? ☐ Yes ☐ No	
I/WE cannot be immediately contacted, I/WE hereby g and/or Employees for my child to be taken to the near hospital. I/WE hereby give permission to the Physician	t or illness and prompt medical attention is deemed necessary and live permission to Mastermind Montessori Schools, its Agents est medical facility or to the Emergency Department of the nearest n on duty to hospitalize, secure proper medical treatment(s), order rstand that any medical expenses incurred for such treatment(s) are
provided to Mastermind Montessori Schools will only event of an accident or illness involving my/our child. acknowledge that I/We have read the entire contents	acknowledge that the medical information be used for the purpose of emergency medical treatment in the I/We, the undersigned parent(s) or guardian(s), hereby of this health and medical form. Mastermind Montessori Schools ur as a result of information that has not been updated since the
I/WEagreement with its provisions.	acknowledge that I/WE have read it, understand it and are in
Signature of Parent/Guardian	Date



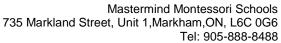


Summer Camp Fee Schedules

	Toddler (15 mths - 2.5 years)		Pre Casa (2.5 - 3.5 years)		Ca	Casa		Extend	ed Care	
					(3 - 6 years)					Weekly
	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Lunch	Optional		Fee sub-total
	9am-4pm		9am-4pm	9am-12pm	9am-4p	9am-12pm		Morning	Afternoo n	
	5ap	Or 1-4pm	5ap	Or 1-4pm	Sum ip	Or 1-4pm		7-9am	4-6pm	
*Week 1: July 2 - 5	\$300 □	\$210 □	\$280 □	\$200 □	\$280□	\$200 □	\$32 □	\$24 □	\$24 □	
Week 2: 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 □	
Week 5: July 29 - August 2	\$370 □	\$250 □	\$350 □	\$240 □	\$350□	\$240 □	\$40 □	\$30 □	\$30 □	
*Week 6: August 6 - 9	\$300 □	\$210 □	\$280 □	\$200 □	\$280 □	\$200 □	\$32 □	\$24 □	\$24 □	
Week 7: August 12 - 16	\$370 □	\$250 □	\$350 □	\$240 □	\$350□	\$240 □	\$40 □	\$30 □	\$30 □	
Week 8: 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.



Email: info@mastermindmontessori.com



Date

Activity Consent and Declaration

IN	IN CONSIDERATION of Mastermind Mont	tessori Schools ("THE SCHOOL") accepting the application by
		("THE CAMPER") for registration in our summer
pro	program ("THE CAMP"), the undersigned	parent(s) or Guardian(S) hereby agree:
1.	activities may include, without limitin cultural and social activities. I/We ag	PER participating in all regular and extracurricular camp activities, and such ag the generality thereof, playground and other athletic activities as well as tree to inform THE SCHOOL, prior to camp commencement, of any health R's ability to participate in the selected program.
2.	_	ike such rules and regulations regarding the operation of the CAMP as it on of attendance that these rules and regulations, be observed.
3.	3. The undersigned acknowledge the rig any CAMPER whose conduct is deem	ght of THE SCHOOL to decide unilaterally to suspend, discipline, or dismiss ed unsatisfactory or whose influence does not serve the best interested of ecision shall be made in accordance with school procedure.
4.	 The undersigned acknowledge the pr child, including name, address, teleph hereby agree to the use by THE SCHO 	rior and ongoing collection by THE SCHOOL of information regarding my/our none number, health information, photographs, and similar items and I/We OOL of any of this information for appropriate educational purposes and for nout other programs and serves offered by THE SCHOOL.
5.	 If my/our child is accepted as CAMPE occurring to my/our child, THE SCHOO however, I/We cannot be reached I/V 	R, I/We agree and understand that in the event of an accident or illness OL will make every reasonable attempt to contact the undersigned. If, We hereby give THE SCHOOL, its directors, officers, agents, and/or y/our behalf in case of an emergency and to take appropriate steps to have
6.	directors, officers, agents, employees arising directly or indirectly from any	is a CAMPER, I/We agree to release and indemnify THE SCHOOL, its and volunteers, from any and all claims for damages or other amounts accident, illness, injury or any other reason as a result of the CAMPER'S /We hereby acknowledge that I/We have read and affirm the entire ent.
I/V	I/We, the undersigned parent(s) or guard	dians(s), have executed this CAMP Application and Consent.
 Pa	Parent/Guardian Name Print	Parent/Guardian Name Print
	Parent/Guardian Signature	Parent/Guardian Signature
ча	Parent/Guardian Signature	Parent/Guardian Signature

Date