



**CMS**  
Central Montessori Schools

## SUMMER DAY CAMP 2024 APPLICATION

Child's Family Name:

First Name:

Sex:

Street Address:

City:

Zip Code:

Date of Birth:

Health Card #

Doctor's Name & Phone #

Allergy (if any)  
(Attach sheet if necessary)

Mother's/Guardian's Name:

Home Tel.

Email Address  
(Please Print)

Mobile

Father's/Guardian's Name:

Home Tel.

Email Address  
(Please Print)

Mobile

Emergency/Pick-Up Name:

Home Tel.

Email Address  
(Please Print)

Mobile

- I/we confirm that I/we are ALL and the ONLY parent(s) and/or guardian(s) of the above-named child.
- I/we hereby apply for registration for the herein-named child for the summer camp session(s) at **CMS**, as indicated in this application.
- I/we have enclosed a post-dated check dated June 15<sup>th</sup> to cover the full payment for session 1 & 2.
- I/we have enclosed a post-dated check dated July 15<sup>th</sup> to cover the full payment for session 3 & 4.
- In the event of an accident or illness involving my child, while my child is at the summer camp/school, I/we authorize the administration of any medical procedure deemed necessary by a qualified physician or hospital emergency department, including anesthetic.



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- I/we understand that during the course of my child’s daily activities in the summer camp / school, injuries may occur. I/we hereby agree to release and indemnify CMS, and its affiliates, from any and all claims and damages arising as a result of any accident, injury or incident involving my/our child, arising from participating in any school activities that is NOT caused as a result of the direct negligent act/omission of CMS and/or any of its staff.
- I/we agree to give two (2) weeks written notice before ALL the sessions begin if I/we want to withdraw my child from summer camp / school during the sessions indicated below.
- I/we request the enrolment of my/our child in the following sessions during the summer:

**Toddler Program**  
(18 months to 3 years)

- 2 Full Days  3 Full Days  4 Full Days  5 Full Days   
 2 Half Days  3 Half Days  4 Half Days  5 Half Days

**Casa Program:**  
(3 years to 6 years)

- 2 Full Days  3 Full Days  4 Full Days  5 Full Days   
 2 Half Days  3 Half Days  4 Half Days  5 Half Days

- Extended Hours: (7:00 – 8:30 a.m.) Yes  No   
 Extended Hours: (3:00 – 5:00 p.m.) Yes  No

Approximate Drop-Off Time \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

**First Session**

July 1 – July 12 [ ]

**Second Session**

July 15 – July 26 [ ]

**Third Session**

July 29 – Aug. 09 [ ]

**Fourth Session**

Aug. 12 – Aug. 23 [ ] *All sessions* [ ]

**I/we understand that, to ensure a spot for my/our child, this form, along with payment must be received by no later than Monday, April 22, 2024.**

Parent (1)’s /Legal Guardian’s Signature: \_\_\_\_\_

Parent (2)’s/Legal Guardian’s Signature: \_\_\_\_\_

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