



CMS
Central Montessori Schools

SUMMER DAY CAMP 2025 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 Mobile
(Please Print)

Father's/Guardian's Name: Home Tel. Email Address Mobile
(Please Print)

Emergency/Pick-Up Name: Home Tel. Email Address Mobile
(Please Print)

- 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 15th to cover the full payment for session 1 & 2.
- I/we have enclosed a post-dated check dated July 15th 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

June 30 – July 11 []

Second Session

July 14 – July 25 []

Third Session

July 28 – Aug. 08 []

Fourth Session

Aug. 11 – Aug. 22 [] *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 14, 2025.

Parent (1)’s /Legal Guardian’s Signature: _____

Parent (2)’s/Legal Guardian’s Signature: _____

Date: _____