



CMS
Central Montessori Schools

SUMMER DAY CAMP 2026 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 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 29 – July 10 []

Second Session
July 13 – July 24 []

Third Session
July 27 – Aug. 07 []

Fourth Session
Aug. 10 – Aug. 21 [] *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, May 4, 2026.

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

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

Date: _____