

REGISTRATION FORM

SUMMER CAMP



Admission date:

Release date:

Student Information			
Last Name:	First Name:	Middle Name:	Date of Birth: mm/dd/yy
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth:
City: :	Province	Postal Code:	OFFICE USE: Birth certificate provided? <input type="checkbox"/> YES <input type="checkbox"/> No
Siblings name, age ->	1.	2.	3.

Parents / Guardian <i>Address (if not same as child's):</i>			
Mother:	Employer:	Work #	Email Address:
	Occupation:	Cell #	
Father:	Employer:	Work #	Email Address:
	Occupation:	Cell #	

Medical Information		
Child's Ontario Health Card #:	Name of Doctor:	Phone # of Doctor:
List any food restrictions:	List any/all allergies:	Does your child require an Epipen? <input type="checkbox"/> YES (<i>see below</i>) <input type="checkbox"/> No
Person other than the parent(s) who can be contacted in the event of an emergency:		Relationship to child:
Emergency contact Cell #:		Home #:
*Epipen to be provided with Child's name on the prescription label. We require a new Epipen prior to expiry		

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AMA Campers are age 18 months to 6 years old

Summer camp hours: 7am to 5pm (extra care is available from 5pm to 6pm for an additional \$10 per day)"

Program Selection

- Select Weeks:**
- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Week One | <input type="checkbox"/> Week Five |
| <input type="checkbox"/> Week Two | <input type="checkbox"/> Week Six |
| <input type="checkbox"/> Week Three | <input type="checkbox"/> Week Seven |
| <input type="checkbox"/> Week Four | <input type="checkbox"/> Week Eight |
| | <input type="checkbox"/> Week Nine |

Camp Fee: \$250/week (\$55 per day for part time students)

Health Information

Considerations:

Are there any health considerations that would prohibit full participation in school activities? Yes No

If yes, please explain:

Immunization:

- Yes Complete, up to date immunization records are required at the time of registration
 No Statement of Conscience or Religious Belief Affidavit Form required (AMA can provide the form)"

Please indicate if your child has had any of the following: Speech and/or hearing therapy Psychological assessment
 Neurological evaluation Visual examinations Testing for learning differences (please specify)

Previous school/Care provider:

Programs the child has participated in:

Toilet Training: Not yet started In progress Toilet Trained

The child is able to communicate: Yes No A little

Language(s) your child speaks:

Dismissal

Please list the names of people (other than the parents) who are authorized to receive the child upon school dismissal

Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

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Contract / Agreement

Late fees are as follows: When children are not picked up on time, a late fee will apply. Please pay the teacher on duty immediately as this is compensation for her inconvenience. The late fee is \$10 plus an additional dollar per minute. We appreciate your cooperation

I am (We are) the Parent(s)/Guardian(s) who is (are) financially responsible for the applicant. I/we wish to enroll my/our child,
 _____ at AMA's Summer Camp _____ as outlined above.

I/We have read and accepted all terms and conditions as outlined above and agree to abide by these terms.

Name (please print)	Signature:
Name (please print)	Signature:
Date (mm/dd/yy)	

FOR OFFICE USE ONLY:

Date Registration form received:	Received by:
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Check if received:

- Signed Parental/Guardian Agreement and Terms of Contract
- Copy of Birth Certificate
- Recent Photo of the Student
- Registration Fee: \$50
- Documents regarding custody if applicable

<input type="checkbox"/> Cheques	x (# of cheques given)	\$ (amount of cheques)	Institution:	
<input type="checkbox"/> Cash	Denominations:	Cash amount:	Received by:	

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NOTES:



AUTHENTIC MONTESSORI ACADEMY