



Talent Montessori School

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Website: www.talentmontessori.com

Summer Day Camp Application Form & Health History

Child's Name: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Mother or Guardian

Father or Guardian

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Child's Physician: _____ Phone: _____

Address: _____

Does your child have:

1. A condition or behaviour that would require special attention, medication or a special diet? _____
2. Allergies (food, medication etc.)? _____
3. Please specify symptoms of allergic reaction and any special care needed _____

4. History of communicable diseases

Emergency contacts if parents cannot be reached:

- | | |
|----------------|----------------|
| 1. Name: _____ | 2. Name _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

Relationship to child: _____ Relationship to child: _____

Person(s) other than parents authorized to pick up child from school.

1. _____
2. _____

Talent Montessori Summer Day Camp

1. I have enclosed a registration fee of \$50.00. I understand the deposit is non refundable.
2. I have enclosed post dated cheques for the applicable sessions my child/children will attend.
3. In the event of an accident or illness involving my child/children, I authorize the administration of any medical procedure deemed necessary by a qualified physician or hospital emergency department, including anesthetic.
4. I agree to release and indemnify Talent Montessori School from any and all claims and damages arising as a result of any accident, injury or incident involving my child/children arising from participating in any activity that is not caused as a result of the direct negligent act/omission of Talent Montessori School and/or any of its staff.
5. I agree to give two weeks written notice before all sessions begin if I choose to withdraw my child from summer camp for the sessions indicated.
6. I agree to give consent to Talent Montessori School to take photographs of my child which may be used in future publication, including e-mail distribution, website, specifically associated with Talent Montessori School.

Parent/Guardian Signature: _____

Date: _____

Talent Montessori School

Session and Payment Details

Please check the sessions your child will be attending.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Session 1: June 29 – July 3* | <input type="checkbox"/> Session 2: July 6 - July 10 |
| <input type="checkbox"/> Session 3: July 13 - July 17 | <input type="checkbox"/> Session 4: July 20 - July 24 |
| <input type="checkbox"/> Session 5: July 27 – July 31 | <input type="checkbox"/> Session 6: Aug 4 - Aug 7* |
| <input type="checkbox"/> Session 7: Aug 10 - Aug 14 | <input type="checkbox"/> Session 8: Aug 17 - Aug 21 |
| <input type="checkbox"/> Session 9: Aug 24 - Aug 28 | <input checked="" type="checkbox"/> Session 10: Aug 31 - Sep 04 |

* (Minimum number of students is required)

Full Day Half Day a.m. Half Day p.m. Extended Hours: a.m. p.m.
8:30 am – 3:30 pm 8:30am – noon 1:00 pm– 3:30 pm 7:00am – 8:30am 3:30 pm – 6:00 pm

Toddler: 18 months - 2 ½ Preschool: ages 2 ½ - 6 Elementary: ages 6 - 10

Summer Camp Fee Schedule

Registration Fee:	\$ 50.00	non refundable
Full Days:	\$ 200.00	per week
Half Days:	\$ 130.00	per week
*Full Days:	\$ 160.00	per week (4 day week)
*Half Days:	\$ 104.00	per week (4 day week)
Extended Hours	\$ 40.00	before or after camp hours per week
	\$ 50.00	before and after camp hours per week

Payment Received: \$ _____

Cash Cheque