

# Cornerstone Montessori Prep School

## Don Mills Campus

[www.cornerstoneprprep.ca](http://www.cornerstoneprprep.ca)

416-447-0011

*“Inspiring Possibilities”*

# SPECIALTY CAMP (Ages 6+)

## APPLICATION FORM

Name of Camper:		Home Phone/Cell #:	
Date of Birth: M _____ D _____ Y _____	Age as of July: _____	Gender: M / F	Health No:
Address/Postal Code:			
Parent or Guardian:		Work #:	Cell:
Email Contact 1:		Email Contact 2:	
Emergency Contact Name:		Phone:	Cell:
Allergies or medical concerns:			

<b>Ages:</b>	6+	<b>Fees:</b> 9am-4pm \$200/Week ; 9am-12p or 1-4pm \$125/Week
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Before/After Care:	8:00 -9:00 A.M.--\$20 /wk	*4:00-6:00 P.M.--Please contact St. George and St. Rueiss Church
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<b>Remarks:</b>	<ul style="list-style-type: none"> <li>- Additional fees for field trip admission and transportation may apply.</li> <li>- No partial registration and No refund after registration.</li> <li>- If Cornerstone Montessori Prep School cancels a program subsequent to student's enrolment, the school will refund total camp fees to parents.</li> </ul>
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Date (9a-4p)	Science Specialty		Afternoon Camp	
July 10 - 14	---	( )	Arts and Drama (PM)	( )
July 17 - 21	Space: The World Beyond Our Own	( )	Mandarin: The Creative World (PM)	( )
July 24 - 28	Physics of Light: Time to tackle Skin Cancer	( )	Mandarin: The Creative China (PM)	( )
July 31 - Aug 4	STEAM: Creating a Scientific Masterpiece	( )	---	( )
August 8 - 11	Biomimicry: Innovative Solutions Inspired by Nature	( )	Arts and Drama (PM)	( )
August 14 - 18	Forensic Science: Can You Uncover teh Mystery	( )	---	( )
August 21 - 25	STEAM: Experimenting Artistic Projects	( )	---	( )

( ) Before Camp Care (\$20) x _____ wk	After camp *4:00-6:00 P.M.--Please contact: <a href="http://www.stgr.org/camp">www.stgr.org/camp</a>
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### **PARTICIPANT'S RELEASE FORM:**

I hereby waive any claim against Cornerstone Montessori Prep School –Don Mills and/or its staff which may arise from any physical injury to my child that may incur while participating in a camp activity. In an emergency, I authorize the camp to secure medical care for my child. Late pick up fees @ 4:00 \$1/min for the first 5 minutes; \$2/min thereafter. Payment to be made on the day or next day in order to avoid further late payment charges. I grant to Cornerstone, its designated representatives the right to take photographs of my child(ren) in connection with the school and authorize the school to copyright, use and publish the same in print and/or electronically. I agree that Cornerstone may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I, the undersigned, have read and fully support this release form. I also agree to the late pick up fees.

**PRINTED NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_