



**CMPS SUMMER MONTESSORI CASA
 APPLICATION FORM 2015 AGES 2.5 -5.5 YEARS**

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

Note: Our summer Montessori Casa Programme is an extension of our CASA academic programme and is for a month at a time, either in July or August or both months. There is no partial registration for the summer CASA programme. Also note that children must be toilet trained as we do not have facilities for diaper/pull up changes. Thank you for respecting this requirement. We do not have food service available on site.

SUMMER MONTESSORI CASA REGISTRATION

SUMMER CASA: FULL DAY 8:30 -4:00		Cost \$1075/MONTH	
July 2015		August 2015	
EXTENDED AFTER CARE: (for after school care from 4:00-6:00 inquire for space with St. George Mini School 416.391.0944)			

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 & 6:00 P.M. \$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, THE UNDERSIGNED, HAVE READ AND FULLY SUPPORT THIS RELEASE FORM. I ALSO AGREE TO THE LATE PICK UP FEES.

I AUTHORIZE THE FOLLOWING INDIVIDUAL TO PICK UP MY CHILD:

NAME	RELATION TO CHILD	CELL PHONE NUMBER

PRINTED NAME OF PARENT/GUARDIAN: _____

DATE: _____ **SIGNATURE:** _____