



**Cornerstone Montessori Prep School
Don Mills Campus**

www.cornerstoneprprep.ca
416-447-0011

“Inspiring Possibilities”

Summer CASA 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:			

Ages:	2.5-5.5 years	Tuition: \$1,275/Month (Payment due: June 1, 2017)	
Time:	8:30am – 4:00pm (can drop off at 8am earliest) <i>For after school care from 4:00-6:00 inquire for space with St. George Mini School 416.391.0944</i>		
Remarks:	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 and no refund after registration. 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.		
July 3-31		August 1-25	

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 grant to Cornerstone, its designated representatives the right to take photographs of my child(ren) in connection with the school during field trips and special activity for internal promotion purposes.

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:** _____