



CORNERSTONE MONTESSORI DON MILLS CAMP
www.cornerstoneprep.ca Ph: 416.447.0011



.....growing with God

CMPS SUMMER APPLICATION FORM 2016

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: _____

Email Contacts: _____

Allergies or medical concerns: _____



EARLY BIRD SPECIAL: \$80/week if booked and paid before June 15th
(saving \$20/week OR \$160 for 7 weeks)

A. SUMMER CAMP: FULL DAY AGES 6 -14 years) 9:00-4:00				Cost \$100/week			
SDC 01.....	July 11 -15			SDC 04.....	Aug. 02- 05		
SDC 02.....	July 18 - 22			SDC 05.....	Aug 08 - 12		
SDC 03.....	July 25 - 20			SDC 06.....	Aug 15 - 19		
				SDC 07.....	Aug 22- 26		
D. BEFORE AND AFTER CARE							
8:00 -9:00 A.M. \$20 /wk	Wk.1	Wk.2	Wk.3	Wk.4	Wk.5	Wk.6	Wk.7
4:00-6:00 P.M. \$40/wk	Wk.1	Wk.2	Wk.3	Wk.4	Wk.5	Wk.6	Wk.7
A.M. & P.M. \$50/wk	Wk.1	Wk.2	Wk.3	Wk.4	Wk.5	Wk.6	Wk.7

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.

PRINTED NAME OF PARENT/GUARDIAN: _____

DATE: _____ **SIGNATURE:** _____