



2008 Summer Camp Registration Form

**Waterfront
Montessori
Children's
Centre**

Summer Camp at Waterfront Montessori Children's Centre is a **FULL TIME PROGRAM, (MONDAY TO FRIDAY 8:30 am–4:30 pm)**
Registration will be on a first come, first served basis.
Payment in full is required at time of registration.

Please indicate which session(s) you are registering for here:

- June 30–July 11 \$450 full time/\$500 if attending on July 1 (**Attendance optional on July 1; must be minimum of 8 children attending for program to run**)
- July 14–25 \$500 full time
- July 28–August 8 \$450 full time (**closed Monday, August 4**)
- August 11–22 \$500 full time

**Ferry tickets are extra and may be purchased in bulk at the Ferry Office.
Tickets/passes are required daily.**

Child's Name: _____

boy girl Does your child nap? Y N If yes, for how long? _____

Date of birth: d _____ m _____ y _____ Age on July 1, 2007: _____

Child's home address: _____ Postal code: _____

Parent 1/guardian's name: _____

email: _____

Home phone: _____ Work/school phone: _____ cellular/pager: _____

Business address: _____ Occupation: _____

Parent 2/guardian's name: _____

email: _____

Home phone: _____ Work/school phone: _____ cellular/pager: _____

Business address: _____ Occupation: _____

Emergency contact: This must be completed. *Provide us with someone we can contact if we are unable to reach either parent.*

1st emergency contact name: _____

Address: _____

day phone: _____ evening phone: _____

2ndst emergency contact name: _____

Address: _____

day phone: _____ evening phone: _____

Drop off and pick up The following people have my permission to drop off and/or pick my child from school.

Parent name (print) _____ signature: _____ date: _____

name	telephone number	relationship to your child
_____	_____	_____
_____	_____	_____
_____	_____	_____



Medical information

Does your child have any food allergies? Y N If yes, please give details:

Other medical conditions: _____

Previous childcare experience: _____

Is there any legal custody and/or legal guardian information of which the Director and the teachers should be made aware?

Please note and attach a copy of the legal document. _____

Medical consent

Name of child _____. I hereby give permission for all medical treatments, anesthesia and/or any other medical procedure that may be necessary for the above named child while he/she is in the care of the Waterfront Montessori Children's Centre program. I agree to abide by the judgment of the staff of the above mentioned Centre in determining these treatments when it is not possible to contact me in advance of the administration of the treatment(s).

signature of parent/guardian: _____ date: _____

signature of parent/guardian: _____ date: _____

NOTE: The *Day Nurseries Act*, Ontario requires the following information recorded on your child's registration form and kept on file at the Centre.

Your child's immunization and communicable disease record:

Current information must be kept on file for each child. Please provide a copy of your child's most recent immunization record. This is a requirement of the Ontario Day Nurseries Act. If your child is not immunized then you must complete an affidavit to this effect. Parents can obtain the affidavit from Toronto Public Health by calling 416-392-1250.

Please attach a copy of your child's up to date Immunization Record to this registration form.

Child's health card #: _____ Date of birth: d _____ m _____ y _____

Child's Physician: _____ Phone number: _____

Physician's address: _____

Does your child have any medical or personal conditions of which the staff should be made aware? i.e. allergic reactions, asthma etc. If so please list :

Does your child have any food sensitivities (as opposed to allergies) that you would like to bring to our attention? Please list:

Field Trips

Name of child _____. I/we hereby give permission for the above mentioned Child to take part in activities related to the School program but away from the School's location under supervision by a staff member or an adult volunteer. We hereby release the Waterfront Montessori Children's Centre, its staff, and volunteers of all liability aside from the expected regular care.

signature of parent/guardian: _____ date: _____

signature of parent/guardian: _____ date: _____

**Please return completed registration forms with payment to:
WMCC 18 Wyandot Ave. Toronto Island M5J 2M9**