

Waterfront Montessori Children's Centre: Summer Day Camp 2010

Our Camp 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:

- | | |
|--|--|
| <input type="checkbox"/> July 5 to 16 | <input type="checkbox"/> \$500 full time |
| <input type="checkbox"/> July 19 to 30 | <input type="checkbox"/> \$500 full time |
| <input type="checkbox"/> Aug 3 to 13 (closed Mon. Aug 2) | <input type="checkbox"/> \$450 full time |
| <input type="checkbox"/> August 16 to 27 | <input type="checkbox"/> \$500 full time |

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

Child's name: _____ boy/girl? _____

Does your child nap? ____ If yes, for how long? _____ Date of birth: d ____ m ____ y ____ Age on July 1, 2010: _____

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.

First Emergency Contact Name: _____ Day phone: _____

Address: _____ Evening phone: _____

Second Emergency Contact Name: _____ Day phone: _____

Address: _____ 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Medical information

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

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

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

Signature of parent/guardian

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 notify the Centre in writing.

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

Physician's address:

Telephone: _____

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

Signature of parent/guardian

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

www.waterfrontmontessori.net info@waterfrontmontessori.net 416 203-1017