



**Montessori School of Kleinburg  
(M.S.K.)  
ACADEMIC AND FUN CAMP**

*“Quality Educational Standards overlooking the Humber River”*

**Application for SUMMERCAMP Admission  
(Ages 2 1/2 to 12 years)  
JULY and AUGUST 2012**

**N.B.** \* All information contained in this form is **confidential** and will be used only for the purpose of Montessori School of Kleinburg. \*Please print clearly and fill in all appropriate sections completely. Applications that ARE NOT filled out completely, and applications submitted without the complete payment will be returned. One application per child please. Parental signatures are required by both caregivers of the child where applicable. All payments must be made prior to the first day of Camp. Spaces are limited and registration payment should be brought in a.s.a.p. Cheques to be made payable to Montessori School of Kleinburg Inc. and to be paid prior to or on start date.

**SECTION A:**

*(Please check appropriate box):*

**\*A minimum of two weeks required. Regular cost per week is \$275.00.  
Full Day 9a.m. to 4p.m. - Monday to Friday  
(Refunds will not be issued for days missed for any reason):**

- |   |  |
|---|--|
| 1. Week of July 9 to July 13: <input type="checkbox"/>  | 3. Week of August 13 to 17: <input type="checkbox"/> |
| 2. Week of July 16 to July 20: <input type="checkbox"/> | 4. Week of August 20 to 24: <input type="checkbox"/> |

**Extended Care:**

- |   |   |
|---|---|
| A.M.(8:00-9:00a.m.) - Weekly Cost is \$50.00 <input type="checkbox"/> | A.M. Daily Cost is \$15.00: <input type="checkbox"/>            |
| P.M.(4:00-5:00p.m.) - Weekly Cost is \$50.00 <input type="checkbox"/> | P.M. Daily Cost is \$15.00: <input type="checkbox"/>            |
| BOTH A.M. & P.M. - Weekly Cost is \$100.00 <input type="checkbox"/>   | BOTH A.M. & P.M. Daily Cost is \$30.00 <input type="checkbox"/> |

*Office Use Only:*

**FIRST DAY OF Summer Camp:** \_\_\_\_\_

**SECTION B:**

**Student Information (Please provide MSK with current picture of child)**

<b>(Surname)</b> _____	<b>(First)</b> _____	<b>(Middle)</b> _____
<b>Age of Child:</b> _____	<b>Sex: M/F</b> _____	
<b>Address:</b> _____	<b>City/Town:</b> _____	
<b>Province:</b> _____	<b>Postal Code:</b> _____	<b>Home Telephone:</b> ( ) _____
<b>Birth Date: (Year)</b> _____	<b>(Month)</b> _____	<b>(Day)</b> _____

**SECTION C:**

**Parent/Guardian’s Information (Please provide MSK with current picture of both parents):**

**Mother’s Name (include maiden name):** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Mother’s Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Tel.:** ( ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Other Tel.:** ( ) \_\_\_\_\_

**Father’s Name:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Father’s Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Father’s Business Tel.:** ( ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Other Tel.:**( ) \_\_\_\_\_

**\*I \_\_\_\_\_, am interested in volunteering my time during Summer Camp. I will provide an updated police clearance to Administration.**

If Parents are separated or divorced, please indicate with whom the child is living. If there are custody, and/or access issues, legal documentation must be provided to the camp. MSK reserves the right to request updates of legal status in writing by both parents should any disputes or concerns arise during camp.

Custody Concerns: \_\_\_\_\_ Legal documentation attached: \_\_\_\_\_  
Who has legal custody: \_\_\_\_\_

**Other Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**TERMS OF ADMISSION**

- 1) First priority for Summer Camp registration is given to MSK past and present children.
- 2) Montessori School of Kleinburg Inc. reserves the right to amend the rules and regulations in the operation of the Camp as it feels appropriate, and it is a condition of the attendance that these rules and regulations are adhered to.
- 3) Montessori School of Kleinburg Inc. reserves the right to dismiss any child for their behaviour which would contravene MSK Code of Behaviour or the Dismissal Policy (found in this application). No payments will be returned to the parents in the case of dismissal.
- 4) Inform the Camp Directors if your child is unable to attend a day due to illness or other reason.
- 5) Inform the Camp Directors should your child have an allergy and fill out the appropriate School Allergy Form.
- 6) Inform the Camp Directors should your child require medication and fill out the appropriate School Medication Form.
- 7) Campers and parents are to adhere to all rules and regulations of the Camp while on the MSK property at all times.
- 8) Parents and Guardians are to read the weekly memo's that will be e-mailed out to all parents prior to the first day of camp.
- 9) Parents that wish to supervise children during camp trips MUST provide the Camp Directors with an updated Police Clearance.

The signing of the Enrollment Application is an acknowledgment of acceptance of the conditions set here and on the fee schedule. I/We agree to abide with all of the policies of the Montessori School of Kleinburg Athletics Adventure and Discovery Camp.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D:**

**Parental Permission for allowing Photos or Video of Student:**

I \_\_\_\_\_ (please print) give permission to Montessori School of Kleinburg Inc. or those acting on its consented behalf to take pictures or video for camp purposes which may include my child \_\_\_\_\_. In the event that I no longer wish to provide this permission, I will advise the camp in writing.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Permission for Out-of-Camp Events:**

I hereby give permission for my child to participate in the out-of-camp events and activities during the week. Such events will be under the supervision of staff members and/or adult volunteers. I/we hereby release the Montessori School of Kleinburg, its staff and volunteers of all liability aside from the expected regular care. All staff and / or adult volunteers must submit an updated police clearance.

Parent(s) please note prior to each outing, safety procedures are discussed with the children. If there are any problems that may affect the comfort or well being of your child, please give full details in writing and contact the office to discuss it.

If your child has a life-threatening allergy you must accompany your child on all outings.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Permission for Release, Indemnity Agreement and Declaration:**

We, the undersigned, agree that in the event that we cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact, Montessori School of Kleinburg Inc. is authorized to secure proper treatment, order injections, or provide ANY TREATMENT prescribed by the physician caring for my child, as well as arrange transportation to the Emergency Department of the nearest hospital, with no liability on the part of the drivers or of Montessori School of Kleinburg Inc. and its employees. I hold Montessori School of Kleinburg Inc., its agents and employees harmless from any and all claims, damages, liabilities or injuries to my child that are not the result of negligence of the camp, its agents or employees, or are entirely beyond the control of this camp, its agents or employees. Also, we understand that any medical expenses incurred for such treatment is our responsibility.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E**

**Student's Medical Information**

**Name of Physician:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:**(    ) \_\_\_\_\_

**Student's Health Card Number (MUST BE FILLED IN. Please include all letters as well):**  
\_\_\_\_\_

*Name of Other Health Care Professionals (ie. Dietitian, Psychologist, Speech Pathologist, etc.):*  
\_\_\_\_\_

*Address:* \_\_\_\_\_ *Telephone: (    )* \_\_\_\_\_

***ALLERGIES (Please call the camp to arrange for a meeting regarding your child's allergies with the Principal and Camp Director):***

*Food:* \_\_\_\_\_

*Environmental:* \_\_\_\_\_

*Medication:* \_\_\_\_\_

*Other:* \_\_\_\_\_

*Are any above-mentioned allergies "LIFE THREATENING":* \_\_\_\_\_

*If so please specify and complete LIFE THREATENING ALLERGY FORM:*

*(Allergy Form to be provided and must be completed in full prior to the child's first day of camp). All epi-pens or allergy medication must be up to date. Once expired, it is the parents' responsibility to provide the camp with a new epi-pen or allergy medication or MSK reserves the right to not accept the child for attendance.*

*Does your child have any physical, emotional or social condition which may require special attention or diet as per your child's Paediatrician, Dietician, Psychologist, Psychiatrist, other? (Please include any relevant information that may be of benefit):*  
\_\_\_\_\_  
\_\_\_\_\_

***EMERGENCY CONTACTS (OTHER THAN STUDENT'S PARENTS)***

***\*\*Please provide pictures of ALL those authorized to pickup your child. Any persons other than those listed will not be allowed to pick up your child unless written permission is given by the parents, with parent's signature and proof of identification is shown prior to child being picked up. It is the responsibility of the parents to educate all emergency contacts about camp pickup and drop off information.***

*Name:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Relationship to Child:* \_\_\_\_\_

*Relationship to Child:* \_\_\_\_\_

*Home Tel.:* \_\_\_\_\_

*Home Tel.:* \_\_\_\_\_

*Bus./Cell Tel.:* \_\_\_\_\_

*Bus./Cell Tel.:* \_\_\_\_\_

***Other People Authorized (other than Emergency Contacts or Parents) to Pick Up Student from Camp***

*Name:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Relationship to Child:* \_\_\_\_\_

*Relationship to Child:* \_\_\_\_\_

*Home Tel.:* \_\_\_\_\_

*Home Tel.:* \_\_\_\_\_

*Bus./Cell Tel.:* \_\_\_\_\_

*Bus./Cell Tel.:* \_\_\_\_\_

***(Please provide a picture of all those permitted to pick up your child. Picture I.D. is required for pick up)***

**TERMS OF PAYMENT**

1. All Registration forms and payment must be submitted on or before the students first day of camp.
2. Cheques must be made payable to Montessori School in Kleinburg Inc. and dated for the first day of camp.
3. There is a minimum requirement of enrollment of two weeks. The two weeks can be chosen at the convenience of the parent.
4. No refunds will be issued for any reason. Refunds will only be issued if MSK cancels camp due to lack of enrollment.
5. Weekly camp programs may be cancelled due to lack of enrollment.
6. Any Before and After Camp Care must also be included in the total amount.
7. Any irregular care charges must be paid day of.
8. Any child(ren) picked up after 5p.m. will be charged **\$1.00 per minute** up until time of pick up.

<b>Mother's Signature:</b>	<b>Date:</b>
<b>Father's Signature:</b>	<b>Date:</b>

**SECTION F**

**Consent and Release Form**

Vigorous physical activity is essential for healthy growth and development. Growing bones and muscles require not only good nutrition, but also vigorous physical activity to increase the strength and skills necessary for a physically active lifestyle. Active participation in games, fitness training, dance and gymnastics provides opportunities for students to discover and trust their physical abilities and gain the confidence necessary to play, work co-operatively and competitively with their peers. Physical Education programs provide opportunities for students to experience the fitness feeling and to help them understand and make decisions regarding personal fitness and the value of physical activity in their daily lives.

**ELEMENTS OF RISK NOTICE**

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains, cuts, bruises and strains to more serious injuries affecting the head, neck or back. If you understand the inevitable risks involved in physical activity and outdoor exploration and agree to release the instructors and MSK from any liability please sign below.

I, \_\_\_\_\_ (PRINT) understand the elements of risk involved in physical activity and that I give my son/daughter permission to participate in such activities.

Parent/guardian signature \_\_\_\_\_

\*\*\*The safety and well being of our students are our top priority and our attempts to manage as effectively as possible, the foreseeable risks involved for students while participating in physical education is a prime concern. In our 20 years experience working with children we have never had a single serious injury occur to any of our students. All of our staff has completed a First Aid certificate.

If further information is needed, please contact:  
Enza Pellegrini (905) 893-0560.

**Important MSK news you can use for ALL MSK CAMPERS:**

All important registration information MUST be supplied to the MSK administration PRIOR to the first day of camp. This otherwise may result in the delay of your child's start date. This includes completed registration forms with all necessary payment.

Camp days and hours are as follows: Monday to Friday (9:00 a.m. to 4:00 p.m.) Campers are able to be dropped off between 8:40 a.m. until 9:00 a.m. (Prior to this time, before camp charges will apply) and MUST be picked up by 4:00 p.m. (Usually anytime from 3:40 to 4:00 p.m. or after camp charges will apply). Before camp will run from 8:00 a.m. to 9:00 a.m. and after camp will run from 4:00 p.m. until 5:00 p.m. **PLEASE CALL AND INFORM US IF YOU WILL NOT BE ABLE TO PICK UP YOUR CHILD ON TIME SO THAT WE WILL HAVE THE CHILDREN ATTEND THE AFTER CARE PROGRAM. Any and all extra fees must be paid to Administration by Friday.**

Please note that should your child be absent or sick during the week that they are signed up, days missed cannot be made up. If your child is sick, please keep them at home. Should they become ill for whatever reason during their camp stay, we will call you and ask that you pick up your child within one hour of the phone call.

When dropping or picking your child up please ensure that you park your vehicles in the parking lot and DO NOT block the round about area. We kindly request that you do not leave your car idling. You are able to park around the round about WITHOUT blocking the entrance or the outside of the round about area.

Children will have a designated hook in the school vestibule area where they can hang up sweaters and backpacks, place their outdoor shoes and keep their indoor shoes here at school directly underneath their designated hook. The vestibule will be used as the main entrance and exit to the camp. The rooms that will be used for summer camp will be located on the main floor. All campers are asked to be respectful and responsible and follow all school rules and regulations while attending the camp. All rules and regulations will be outlined and discussed every Monday morning with all children and whenever necessary. A weekly review of events will also be discussed with all campers at the beginning of the week outlining the week at a glance activities that your children will enjoy!

Please supply a picture of your child along with parent pictures and pictures of those authorized to pick up your children ONLY for all children. The picture will be used to identify the camper and will be posted in the vestibule area. Please note that pictures may not be returned and thus photocopies are permitted.

Please have your child dress in comfortable attire. Watch the news to gauge how to dress the children. They will need to bring on their first day of camp the following items:

- Indoor pair of labeled non marking and completely closed running shoes. All outdoor shoes MUST be closed and comfortable. CROCKS ARE NOT ACCEPTABLE.
- A labeled plastic place mat.
- Labelled water bottle.
- Labelled sunscreen and bug repellent. Please apply prior to attending school. We will reapply when necessary. Please place in a labeled zip loc bag.
- Tissues, wet naps and extra clothing. Please place in a labeled zip loc bag.
- Litterless peanut and nut free lunch along with snacks. Please ensure that lunch bags are labeled and that you read all ingredients prior to sending to school. We reserve the right to take away and discard any item that may contain traces of peanuts and nuts.
- EVERY Wednesday MSK will order PIZZA at NO EXTRA COST. There will be 2 slices for each child. (A choice of either cheese only or pepperoni). PLEASE INFORM US IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE IN PIZZA LUNCH. If this is the case than it is expected that the child bring a lunch. Snacks are not included with the pizza lunch however popcorn and freezies will be supplied to all campers along with their slices of pizza.
- ANY AND ALL CAMPERS THAT HAVE A FOOD ALLERGY MUST COMPLETE AN MSK ALLERGY ALERT FORM AND SUPPLY ANY EPI-PENS OR MEDICATION WITH THE PROPER ADMINISTRATION INSTRUCTIONS PRIOR TO THE FIRST DAY OF CAMP.
- Absolutely no jewelry is permitted to be worn during camp for safety purposes.
- Campers are NOT allowed to bring electronic games or i-pods. However, boards games and colouring or other work books are most welcome. Please ensure all is labeled. We will not be held responsible should any of the above items go missing or are lost.
- Please ensure that a towel and bathing suit are available every day.
- We would prefer at least one week notice for any program changes for weeks attending. Please e-mail Enza Pellegrini [e.pellegrini@msk2002.com](mailto:e.pellegrini@msk2002.com)
- Parent volunteers are needed for trips, lunch help, hikes etc. Please speak to the camp instructors further.
- Weekly in or out of school trips will be scheduled. Parents are more than welcome to chaperon but must pay the cost of the entrance fee. Only those with a valid police clearance may chaperon more than one camper, whereas those without will only be responsible to chaperon their own child. Please inform your camp instructors should you be interested in attending the trip.

MSK offers a wide range of indoor and outdoor facilities that the campers will have access to. We will also use facilities located in the near community (Binder twine park, Kleinburg Library and McMichael Art Gallery) for certain activities whereby the campers will walk to. You will be informed of when we will take the children off of MSK property. You must inform us should you not wish for your child to participate in an out of school event.

**Dismissal Policy**

**Montessori School of Kleinburg reserves the right to:**

1. Have a child withdrawal from the camp if the behaviour of the child is extremely disruptive to the well being of the other children, staff, and camp at large.
2. Dismiss a child from the camp for tardiness where the parents will not co-operate with our policy of punctuality.
3. Dismiss a child from the camp in a situation where the parents of the child refuse to accept the administrative and pedagogical policies of the camp or parents being a threat to the camp, to other children, staff or volunteers as a result of verbal or physical abuse.
4. Dismiss a child under extraordinary circumstances where the emotional, physical and psychological welfare of any of the children and/or staff is jeopardized.
5. Dismiss a child from the camp for non-payment of camp fees owing. The camp administration reserves the right to also keep all children's work and personal files.

**\*PLEASE ENSURE THE ENCLOSED TERMS OF ADMISSION AND PAYMENT(S) ARE READ, REVIEWED AND SIGNED.**

**WE HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE TERMS AND PROVISIONS OF THE ADMISSION INFORMATION, SCHEDULE OF FEES AND THE RELEASE/INDEMNITY AGREEMENT, AND CONSENT AND RELEASE FORM, AND THE DISMISSAL POLICY:**

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only:*  
**Date Student Withdrew:** \_\_\_\_\_ **Principals' Signature:** \_\_\_\_\_  
**REASON:** \_\_\_\_\_