

## Enrolment Form

### AGMS Summer STEAM Camp

### July 6 - August 28, 2020

Student's Information		
First Name:	Last Name:	Gender (M/F):
Birth Date ____ (DD) ____ (MM) ____ (YYYY)	Home Phone:	
Home Address:	City:	Postal Code:
Citizenship:	Native Language:	
Previous School (if applicable):		

Application for: (check applicable boxes)

- |  |   |
|--|---|
| <input type="checkbox"/> Toddler Full Day with Lunch | <input type="checkbox"/> Extended Hours Program (Morning)   |
| <input type="checkbox"/> Casa Full Day with Lunch    | <input type="checkbox"/> Extended Hours Program (Afternoon) |

We will drop off our child at \_\_\_\_\_: \_\_\_\_\_ a.m. and pick up at \_\_\_\_\_: \_\_\_\_\_ p.m.

Parents/Legal Guardian Information	
Father/Legal Guardian:	Mother/Legal Guardian:
Home #:	Home #:
Cell #:	Cell #:
E-mail:	E-mail:

### Parent Volunteering

AGMS will arrange 1 out-of-school field trip on **August 14, 2020\*** during Summer Camp.

Parent volunteers are welcome to join our field trip on a limited basis. A current Vulnerable Sector Check (VSC) is required for any parent volunteers.

If you are interested in volunteering, please specify if you would like to join us. We will contact you with further information regarding the field trip closer to the date.

- |  |   |
|--|---|
| <input type="checkbox"/> August 14, 2020 | <input type="checkbox"/> Not Interested |
|--|---|

\*Date subject to change

Student's Medical Information		
Ontario Health Card #:	Name of Physician:	Physician's Phone Number:
Physician's Address:		City/Postal Code:
Allergies/Dietary Restrictions (if applicable):		
EpiPen (if applicable):		
Symptoms of allergic reaction and any special care needed (if applicable):		
Exercise Restriction(s) (if applicable):		
Previous Communicable Diseases (e.g. Chicken pox, Measles, TB): Yes No If yes, please specify the type of disease and date of occurrence:		
Special Medical Conditions (e.g. Eczema) (if applicable):		
Immunization Record submitted? Yes No      Recent photo submitted? Yes No		
Emergency Contact (in the event that neither parents/legal guardians are available)		
First Name:	Last Name:	Phone Number:
First Name:	Last Name:	Phone Number:
Pick-up List - Person(s) permitted to pick up your child other than the parents		
First Name:	Last Name:	Phone Number:
First Name:	Last Name:	Phone Number:

### Emergency Policy

IN CASE OF EMERGENCY resulting from an accident or illness and prompt medical attention is deemed necessary and I/WE cannot be immediately contacted, I/WE hereby give permission to Aspen Grove Montessori School, its Agents and/or Employees for my child to be taken to the nearest medical facility or to the Emergency Department of the nearest hospital. I/WE hereby give permission to the Physician on duty to hospitalize, secure proper medical treatment(s), order injections, anesthetics, or surgery for my child. I/WE understand that any medical expenses incurred for such treatment(s) are MY/OUR responsibility.

I/WE \_\_\_\_\_ acknowledge that I/WE have read the above emergency policy, understand it and are in agreement with it.

Signature(s) of Parents/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## AGMS SUMMER STEAM CAMP FEE SCHEDULE

Please initial next to the programs that you would like to register your child for

Toddler (18 months to 2.5 years old)			
Weeks	Dates	Full Day (9:00 am - 4:00 pm)	Initials
Week 1+2	July 6 – 17	\$620	
Week 3+4	July 20 – 31	\$620	
Week 5+6	Aug 4 – Aug 14	\$560	
Week 7+8	Aug 17 – Aug 28	\$620	

Bi - Weekly Extended Hours Program			
Ext. Morning (7-9am)	Initials	Ext. Afternoon (4-6pm)	Initials
\$60		\$70	
\$60		\$70	
\$60		\$70	
\$60		\$70	

Casa (approx. 2.5 years old to 6 years old)			
Weeks	Dates	Full Day (9:00 am - 4:00 pm)	Initials
Week 1	July 6 – 10	\$285	
Week 2	July 13 - 17	\$285	
Week 3	July 20 – 24	\$285	
Week 4	July 27 – 31	\$285	
Week 5	Aug 4 – Aug 7	\$230	
Week 6	Aug 10 – 14	\$285	
Week 7	Aug 17 – 21	\$285	
Week 8	Aug 24 - 28	\$285	

Weekly Extended Hours Program			
Ext. Morning (7-9am)	Initials	Ext. Afternoon (4-6pm)	Initials
\$30		\$35	
\$30		\$35	
\$30		\$35	
\$30		\$35	
\$30		\$35	
\$30		\$35	
\$30		\$35	
\$30		\$35	

Lunch Fees Per Week		Initial
Lunch/Week (Mandatory for Full Day Student)	\$35.00	

### Promotions:

- **Full Camp: 5% OFF** tuition, excluding lunch and extended care, for registration into the full **8-week** program.
- **Early Bird: 5% OFF** tuition, excluding lunch and extended care, if payment is received **before April 2, 2020**.
- **Siblings: 5% OFF** tuition, excluding lunch and extended care, will be applied towards the lesser amount of tuition for a student with a sibling who is also registered for the Summer Camp.
- **Spaces will be reserved for AGMS students until Monday, March 23, 2020**. Spaces are limited and are available for registration on a first come, first served basis.

### Notes:

- Fees include 2 snacks for students each day. Lunch Program is mandatory for all students.
- All field trips are subject to change and dependent upon weather conditions.
- Additional transportation fees apply for field trips, to be charged separately.
- No separate classes will be offered to students not attending field trips.
- No refund will be given in any circumstances after registration is confirmed.
- No refund of trip fees will be given if the child does not attend in school trips in any circumstances.
- To complete the registration process, please complete and sign; (1) Enrolment Form, (2) Camp Fee Schedule and (3) Activity Consent and Acknowledgement, and provide full payment for the week(s) of enrolment upon registration.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Activity Consent and Acknowledgement

IN CONSIDERATION of **Aspen Grove Montessori School (the "SCHOOL")** accepting the application of \_\_\_\_\_ (the "**CAMPER**") for registration in the Summer Camp Program (the "**CAMP**"), the undersigned parent(s) or guardian(s) hereby agree:

1. The undersigned consent to the CAMPER participating in all regular and extracurricular camp activities, including but not limited to playground and other athletic activities as well as cultural and social activities. I/We agree to inform the SCHOOL, prior to the CAMP'S commencement, of any health issues that might restrict the CAMPER'S ability to participate in the selected program.
2. The SCHOOL reserves the right to make such rules and regulations regarding the operation of the CAMP as it deems appropriate, and I/we and the CAMPER agree to abide by all such rules and regulations.
3. The undersigned acknowledge the SCHOOL shall have the right to cancel the CAMPER's enrolment or suspend any CAMPER at the School's discretion at any time. The SCHOOL reserves the right to suspend or dismiss a child immediately if such suspension or dismissal is necessary to preserve the safety and security of the SCHOOL and its CAMPERS. In the event that the SCHOOL cancels the CAMPER's enrolment, prepaid program fees for the remainder of the CAMP will be returned to us by the SCHOOL within 30 days of such cancellation.
4. The undersigned acknowledge the prior and ongoing collection by the SCHOOL of information regarding my/our child, including his/her name, address, telephone number, health information, photographs, and similar items and I/we hereby agree to the use by the SCHOOL of any of this information for appropriate educational purposes and for the purpose of information me/us about other programs and services offered by the SCHOOL.
5. The SCHOOL will make every effort to ensure the health, safety and wellbeing of the CAMPER. However, the SCHOOL will not be responsible for any injury or health impairment of the CAMPER. This applies specifically to activities in all regular and extracurricular CAMP activities.
6. If my/our child is accepted as a CAMPER, I/we agree and understand that in the event of an accident or illness occurring to my/our child, the SCHOOL will make every reasonable attempt to contact the undersigned. If, however, I/we cannot be reached I/we hereby give the SCHOOL, its directors, officers, agents, and/or employees, the authority to act on my/our behalf in case of an emergency and to take appropriate steps to have a doctor or other medical personnel attend to my/our child.
7. The undersigned acknowledge that upon confirmation of the registration of my/our child as a CAMPER, **NO refund will be given in any circumstances**, including but not limited to the illness of the CAMPER, the CAMPER arriving later than the specified commencement date of the CAMP or the CAMPER leaving before the specified completion date of the CAMP.
8. The SCHOOL will not be responsible for damages or loss of clothing, or personal belongings of the CAMPER.
9. Further, upon confirmation of the registration of my/our child as a CAMPER, I/we agree to release and indemnify the SCHOOL, its directors, officers, agents, employees and volunteers, from any and all claims for damages or other amounts arising directly or indirectly from any accident, illness, injury or any other reason as a result of the CAMPER'S participation in any CAMP activities. I/We hereby acknowledge that I/we have read and affirm the entire contents of this Activity Consent and Acknowledgement.

I/We, the undersigned parent(s) or guardians(s), have executed this Activity Consent and Acknowledgement,

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date