



# ABC Montessori Private School

*"Committed to Academic Excellence"*

## SUMMER CAMP REGISTRATION FORM

Student's Name: \_\_\_\_\_ Gender: M / F  
First Name Middle initial Last Name Please circle

D. O .B: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

### HEALTH HISTORY

Please briefly comment on your child's overall health:

\_\_\_\_\_

If your child is not able to participate in certain camp activities, Please indicate:

\_\_\_\_\_

Is your child allergic? Yes /No (Name items etc.) \_\_\_\_\_  
Please circle

Is your child taking any medication? Details: \_\_\_\_\_

### IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Student's Health Card Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

4300 Cawthra Road  
Mississauga, Ontario  
L4Z 1V8  
T: 905.281.2595

305 Matheson Boulevard East  
Mississauga, Ontario  
L4Z 1X8  
T: 905.568.8989  
F: 905.568.0958

285 Matheson Boulevard East  
Mississauga, Ontario  
L4Z 1X8  
T: 905.568.1716



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## **SUMMER TERMS AND CONDITIONS**

- You must enroll and pay for a full week. We cannot accept part time enrollment such as two or three days a week.
- Payments should be made as follows:
  - Issue one cheque dated July 1, 2008 for the weeks you are enrolling for in July
  - Issue one cheque dated August 1, 2008 for the weeks you are enrolling for in August
- We cannot accept a separate cheque for each week you enroll.
- There will be no refunds or reductions of all or part of the payments for any withdrawal, dismissal or absence.
- ABC Montessori does not provide meals during the summer camp. Students must bring their own snacks and lunches.
- Students must be willing to have FUN!

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