



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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