



ABC Montessori Private School

"Committed to Academic Excellence"

SUMMER CAMP 2009 REGISTRATION FORM

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

Date of Birth: _____ Gender: M F
Day Month Year

Address: _____ City: _____

Postal Code: _____ Home Telephone: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

MEDICAL

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: _____

Contact@ Home: _____ Cell: _____

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