



ABC Montessori Private School

Committed to Academic Excellence

2019 SUMMER CAMP REGISTRATION

Student Name: _____
First Name Last Name

Gender: M F **Date of Birth:** ____/____/____
Please check Month Day Year

Address: _____
Unit# Street Name City Post Code

Mother's Name: _____ **Contact Number:** _____

Father's Name: _____ **Contact Number:** _____

Email Contact: _____ (for notices and to email tax receipts)

HEALTH: Please indicate any health concerns: _____

Any Allergies: _____

Current Medications: _____

IN CASE OF EMERGENCY Name: _____ **Relationship:** _____

Work Number: _____ **Cell Number:** _____

Physician: _____ **Tel Number:** _____

Health Card Number: _____

Parent/Guardian Signature

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

ABC MONTESSORI

SUMMER CAMP 2019 SCHEDULE

Program Hours: 7:30 a.m. – 5:30 p.m.

Week 1: July 2 – July 5	Week 2: July 8 – July 12
<input type="checkbox"/> Full Day \$215.00	<input type="checkbox"/> Full Day\$235.00
Week 3: July 15 – July 19	Week 4: July 22 – July 26
<input type="checkbox"/> Full Day\$235.00	<input type="checkbox"/> Full Day\$235.00
Week 5: July 29 – August 2	Week 6: August 6 – August 9
<input type="checkbox"/> Full Day\$235.00	<input type="checkbox"/> Full Day\$215.00
Week 7: August 12 – August 16	Week 8: August 19 – August 22
<input type="checkbox"/> Full Day\$235.00	<input type="checkbox"/> Full Day\$215.00

School will be closed on the following days:

Monday, July 1, 2019 (Canada Day)

Monday, August 5, 2019 (Civic Holiday)

Friday, August 23, 2019 (Orientation Day for New School Year)

Regular School will recommence on September 3, 2019

Please submit the Registration form with payment or authorizations at the time of registration. **Please take note that there will be no refunds or reductions in the weekly rates stated above for reasons of withdrawal, dismissal, absence, or part-time enrollment.**

I _____ have read the payment schedule and agree to its terms and conditions.
Parent Name

Parent's/ Guardian's Signature: _____ Date: _____

2019 SUMMER CAMP REGISTRATION

Terms and Conditions

- Enrolment is based on a full week of attendance. We do not allow part time enrolment such as two or three days per week
- Payments can be made by cash, credit card, or pre-authorized debit agreement (PAD) which must be authorized for the first day of July for the weeks enrolled in July and the first day of August for the weeks enrolled in August
- Summer Camp fees are non-refundable in any case of withdrawal, dismissal, or absence.
- Meals are not included at the Summer Camp.
- Field trips costs are not included in the cost of the camp.

PAYMENT METHOD: VISA MASTERCARD PAD CASH

I, _____ give ABC Montessori Private School the authorization to charge my Visa/Mastercard/Bank account for the payments indicated below, to be charged on the first day of the month in which they become due for the 2019 Summer Camp.

CREDIT CARD

PRE-AUTHORIZED DEBIT

Credit Card Number: _____

Bank No: _____

CVC Number: _____ EXP: _____

Transit No: _____

Billing Address : _____

Account No: _____

Institution Address:

Telephone Number: _____

PLEASE COMPLETE

Camp Fee Authorization	<input checked="" type="checkbox"/>	Amt
July Instalment		
August Instalment		

Authorized Signature _____