



2663 West King Edward Vancouver, BC V6L 1T5, Tel: 604 568 8059, Email: creativekidsmontessori@shaw.ca

FULL DAY SUMMER CAMP July 2- August 16 2019 (8:30am-4:30pm)

Child's Name:				M	<input type="checkbox"/>	F	<input type="checkbox"/>
Date of Birth:	____/____/____						
	YEAR	MONTH	DAY				
Home Address:							
City:				Province:			
Postal Code:							
Parents' Names:							
Mom's Ph.#:			Dad's Ph.#:			Fax #:	
Emergency Contact:				Contact Ph.#:			
E-mail Address:							
School you are currently attending:							
What is your first language, if NOT English:							
Please list medical history/conditions...							
Does your child have any allergies?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If YES, list		
Does your child have anaphylaxis?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If YES, list		
Does your child carry an EPI PEN?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If YES, list		
Is your child on medication?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If YES, list		
Care Card #							
<p>WAIVER: I hereby authorize my child's participation in this camp. I know of no mental or physical problems which may affect my child's ability to participate safely in this camp/course. I consent to such medical treatment of my child, in the event of emergency, as the attending physician may advise. I will be responsible for any medical or other charges in connection with his/her treatment or attendance at the camp course. I realize that the camp has the right to deny admission or dismiss any participant from the camp. I understand that my child will participate in or attend a camp/Creative Kids Montessori & Fine Arts Academy. I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in activity, and by signing this document, I waive and release any and all right and claim for any damages of any sort or any other claim or remedy of any sort I may have against Creative Kids Montessori, its directors, officers, and its staff, in connection with my child's participation in this camp. My child and I agree that any pictures and video taken by the camp can be used in any promotion or advertisement for the camps. By signing below, my child and I agree to abide by all rules, regulations, financial policies, and standards of conduct as described in the Creative Kids Montessori & Fine Arts Academy Policies.</p> <p>I have read the Rules & Cancellation policies.</p>							
Parent/Guardian Signature:							
Day:	I N VANCO U V E R MONTH			YEAR			
Registrations without a valid Vancouver Contact Person and telephone number will not be accepted.							
Please print with pen •One Form Per Child • Please Copy As Needed \$400.00/ week (*320.00/4days)							
Fees are to be paid in full by April 20, 2019 (non refundable)							
TOTAL: \$	(Cheques payable to: Creative Kids Childcare)						
Week 1 – July 2 – 5				Week 4 – July 22- 26			
Week 2 – July 8–12				Week 5 – July29 – Aug 2			
Week 3 – July 15-19				Week 6 – Aug.5 - Aug.9			
				Week 7 – Aug 12 – Aug 16			
FOR OFFICE USE ONLY							
CASH \$		Received by:		Date received by:		Cheque#:	\$