



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

**FULL DAY SUMMER CAMP June 29 - August 7 2020 (8:30am-4:30pm)**

<b>Child's Name:</b>				<b>M</b>	<input type="checkbox"/>	<b>F</b>	<input type="checkbox"/>
<b>Date of Birth:</b>	____/____/____						
	YEAR	MONTH	DAY				
<b>Home Address:</b>							
<b>City:</b>				<b>Province:</b>			
<b>Postal Code:</b>							
<b>Parents' Names:</b>							
<b>Mom's Ph.#:</b>			<b>Dad's Ph.#:</b>			<b>Fax #:</b>	
<b>Emergency Contact:</b>				<b>Contact Ph.#:</b>			
<b>E-mail Address:</b>							
<b>School you are currently attending:</b>							
<b>What is your first language, if NOT English:</b>							
<b>Please list medical history/conditions...</b>							
<b>Does your child have any allergies?</b>	<input type="checkbox"/>	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<b>If YES, list</b>		
<b>Does your child have anaphylaxis?</b>	<input type="checkbox"/>	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<b>If YES, list</b>		
<b>Does your child carry an EPI PEN?</b>	<input type="checkbox"/>	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<b>If YES, list</b>		
<b>Is your child on medication?</b>	<input type="checkbox"/>	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<b>If YES, list</b>		
<b>Care Card #</b>							
<p><b>WAIVER:</b> 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 &amp; 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 &amp; Fine Arts Academy Policies.</p> <p>I have read the Rules &amp; Cancellation policies.</p>							
<b>Parent/Guardian Signature:</b>							
<b>Day:</b>	<b>IN VANCOUVER MONTH</b>			<b>YEAR</b>			
<b>Registrations without a valid Vancouver Contact Person and telephone number will not be accepted.</b>							
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 March 24, 2020 (non refundable)							
<b>TOTAL: \$</b>	(Cheques payable to: Creative Kids Childcare or E-Transfer to info@Creativekidsmontessori.com)						
Week 1 – June 29 - July 3				Week 4 – July 20 - July 24			
Week 2 – July 6 - July 10				Week 5 – July 27 - July 31			
Week 3 – July 12 - July 17				Week 6 – August 3 - August 7			
<b>FOR OFFICE USE ONLY</b>							
<b>CASH \$</b>		<b>Received by:</b>		<b>Date received by:</b>		<b>Cheque#:</b>	<b>\$</b>