

UMS SUMMER CAMP 2017 REGISTRATION

Surname: _____ Given Name: _____ Age: _____ Sex: _____

Date of Birth (D/M/Y): _____

Father's/Guardian Name: _____

Cell Phone #: _____ Bus. Phone #: _____

Father's Work Address: _____

Mother's/Guardian Name: _____

Cell Phone #: _____ Bus. Phone #: _____

Mother's Work Address: _____

Authorized Pick-up: _____

Emergency Contact (other than parent): _____ Phone #: _____

Health Card #: _____

Ums Student No Yes

Medical Information (allergies etc.): _____ Epi-Pen: _____

Nap Yes No

T-shirt size 2 4 6 8 10 12 14

UMS Discovery Camp										
Please circle and total the cost of the programs. You must be booked a week in advance.										
Session + Date	Pre-Casa/Jr Casa Camp (Ages 18m—3.8 Yrs)			Casa Camp (Ages 3.8-6 years old) Elementary Camp (6-9 yrs) Full Week Only			Before Care only 7am - 9am	After Care only (4 - 6pm)	Before + After care	Total and Days
	Full Day Snacks/ lunch incl.	Half Day Snack incl.	3 days Choose Days	Full Day	Half Day	3 days Choose Days (Casa Only)				
	Week 1** July 4 - 7	190	125	150	150	100				
Week 2 July 10 - 14	235	155	150	180	125	120	20	20	30	
Week 3 July 17 - 21	235	155	150	180	125	120	20	20	30	
Week 4 July 24 - 28	235	155	150	180	125	120	20	20	30	
Week 5 July 31 - Aug. 4	235	155	150	180	125	120	20	20	30	
Week 6** August 8 - 11	190	125	150	150	100	120	15	15	25	
Week 7 August 14 - 18	235	155	150	180	125	120	20	20	30	
Week 8 August 21 - 25	235	155	150	180	125	120	20	20	30	

** Camp Closed on Monday July 3rd and August 7th, 2017 and Weekly fees have been adjusted.

Please pay with cash or cheque post-dated to be cashed before the session you wish to enroll your child in.

F E E S

CONSENT OF PARENT(S) /GUARDIAN(S)

I /We _____ the legal parents/guardian of the child/children listed below, and I/we give permission for my child/children to participate fully in the UMS Discovery Camp (UMSDC) operated by Uxbridge Montessori School:

(Print name of child)

Terms and Conditions

If you must withdraw your child from summer camp, you must provide written notice to the UMS summer camp office. Camp fees are refundable if the child is withdrawn a week before the start of camp, and a \$25.00 administration fee will be deducted for all cancellations. If doing a part time option (i.e. 3 days), **you may not change days during the week of camp.**

If a cheque is returned for any reason (eg. N.S.F.), a charge \$25.00 will be levied.

All children must be picked up by the end of camp hours. There is a late pick up charge of \$1.00 per minute after 12:10pm (for half-day campers), and 6:10pm.

Assumption of Risk and Indemnifying Release

While UMS staff and instructors will make every reasonable effort to minimize exposure to known risks.

I/We understand that in registering my child in UMS Discovery Camp, my child/children will be involved in physical activities and that with any physical activity, there is a risk of injury.

I/We do hereby release the UMSDC, and its Directors, Employees, Volunteers and Agents, from all liability for damages sustained in consequence of loss, injury, or damage to myself or my child, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss, or damages to any person or property including myself or my child arising out of, or connected with preparation for or participation in UMSDC programs or activities

Authorization

I/We have provided a complete and accurate health medication information and permit my child to participate in the full range of camp activities, except as noted by me in the health medication information section of the UMSDC registration form.

In the event of an accident injury or illness involving my child and immediate contact by the UMSDC with a parent/guardian cannot be made, I/We authorize and grant permission to UMSDC staff to secure proper medical treatment and authorize on my behalf all procedures, including admission to an emergency unit, or hospital and treatment therein, ordering x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I/We agree not to hold the UMSDC responsible for any costs or injury arising out of an emergency situation.

The UMSDC may wish to use photographs, images or recordings containing my child's picture or image for promotional, advertising, public relations and/or informational purposes. Photographs, images, or recordings may be used or published in UMS brochures, newsletters, posters and/or website/internet materials including social media.

I/We hereby consent to the publication of these photographs, images, or recordings, and promotional advertising, public relations or information materials, and acknowledge and confirm that these photographs, images, recordings and materials shall remain the exclusive property of UMS, who shall own all copyright and other intellectual property rights therein.

I/We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. I/We also certify that the information provided in this form is, to my/our knowledge, true and complete.

Office Use Only: Payment Details

Cheque #	Week	Fees Received Date	Date Submitted	Days	Initial	Cheque #	Week	Fees Received Date	Date Submitted	Days	Initial
	W1						W6				
	W2						W7				
	W3						W8				
	W4										
	W5										
									Start Date:		
									Discharge Date:		