



**Stirling Montessori Academy**  
123 Main Street East, Milton  
905-864-6000

## **SUMMER PROGRAM REGISTRATION FORM 2017**

- Theme-based, arts and craft programs for children ages 3 – 6 years
- Interactive and stimulating indoor and outdoor activities
- Maximum group size of 16 students (8:1 teacher/student ratio)
- Nutritious snacks & hot lunch provided
- Program hours: 8:00am – 5:00pm (core program hours 9:00am – 3:30pm)
- Half-day morning hours: 8:00am – 12 noon
- Fees: Full day \$235 per week / Half-day morning \$135 per week
- Choose the themes your child will enjoy!

*Please check selected weeks and circle full-day or half-day morning fee:*

<input type="checkbox"/>	1. July 3-7, 2017	<b>Let's Go Camping</b>	\$235 or 135/week
<input type="checkbox"/>	2. July 10-14, 2017	<b>Fairy Tales</b>	\$235 or 135/week
<input type="checkbox"/>	3. July 17-21, 2017	<b>Outer Space</b>	\$235 or 135/week
<input type="checkbox"/>	4. July 24-28, 2017	<b>Week at the Beach</b>	\$235 or 135/week
<input type="checkbox"/>	5. July 31-Aug 4, 2017	<b>All About Canada</b>	\$235 or 135/week
<input type="checkbox"/>	6. August 8-11, 2017	<b>Dinosaur Discovery</b>	\$235 or 135/week
<input type="checkbox"/>	7. August 14-18, 2017	<b>Let's Play Games</b>	\$235 or 135/week
<input type="checkbox"/>	8. August 21-25, 2017	<b>Pirates Treasure Hunt</b>	\$235 or 135/week

*\*Please submit a \$50 deposit for each week of camp. The deposit is 100% refundable up to two weeks before the camp start date.*

STUDENT NAME(S): \_\_\_\_\_  
\_\_\_\_\_

**STUDENT INFORMATION**

Student(s): \_\_\_\_\_

Date of Admittance: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home No: \_\_\_\_\_ Home No: \_\_\_\_\_

Bus. No: \_\_\_\_\_ Bus. No: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Cell. No: \_\_\_\_\_ Cell. No: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**MEDICAL INFORMATION**

Please comment on child's overall health: \_\_\_\_\_

Does your child have any conditions requiring medical attention? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

If your child is not able to participate in certain athletic and/or camp activities, please outline:

\_\_\_\_\_

Has your child ever had his/her eyes tested? Yes/No Result: \_\_\_\_\_

Has your child ever had his/her hearing tested? Yes/No Result: \_\_\_\_\_

Does your child have food allergies? Yes/No If yes, please list foods: \_\_\_\_\_

\_\_\_\_\_

Are your child's allergies severe enough that he/she is considered anaphylactic? Yes/No

Please list your child's history of Communicable Diseases (i.e. mumps, measles, chickenpox)

\_\_\_\_\_

Does your child need to keep any medication at school for any medical condition? \_\_\_\_\_

Are there any special requirements for your child pertaining to diet? rest? exercise? or sleep?

\_\_\_\_\_

Has your child been vaccinated? Yes/No Please attach vaccination records or exemption form.

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide the name and number of an **emergency contact**, when parents cannot be reached. The child may be released to this person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Parent Consent:**

**In case of an emergency resulting from an accident or illness where prompt medical attention is deemed necessary, and the parents cannot be immediately contacted, permission is hereby given to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.**

Dated: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_