

UMS SUMMER CAMP 2019 REGISTRATION

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

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

Father's/Guardian Name: _____ Email Address: _____

Cell Phone #: _____ Bus. Phone #: _____

Father's Work Address: _____

Mother's/Guardian Name: _____ Email Address: _____

Cell Phone #: _____ Bus. Phone #: _____

Mother's Work Address: _____

Authorized Pick-up (other than parent): _____

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

Health Card #: _____

Ums Student: Yes No Nap: Yes No

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

T-shirt size: 2 4 6 8 10 12 14

Session & Date	UMS Discovery Camp									
	Please circle and total the cost of the programs. You must register one week in advance prior to the start of your child's session. During certain sessions campers will have the option to go on a field trip or have a special visitor at a minimal cost.									
	Little Tykes (Ages 18m-3 Yrs)			Big Campers (Ages 5-8) + Small Campers (Ages 3-5)			Before Care only 7am - 9am (2hrs)	After Care only (4 - 6pm) (2hrs)	Before & After Care	Total and Days
Full Day Snacks/ Lunch Included	Half Day Snack Included	3 days* M-W-F	Full Day	Half Day	3 days* M-W-F (Small campers Only)					
Week 1** July 2 - 5	200	130	175	155	110	140	15	15	30	
Week 2 July 8 - 12	245	165	175	190	135	140	20	20	35	
Week 3 July 15 - 19	245	165	175	190	135	140	20	20	35	
Week 4 July 22 - 26	245	165	175	190	135	140	20	20	35	
Week 5 July 29 - Aug. 2	245	165	175	190	135	140	20	20	35	
Week 6** August 6 - 9	200	130	175	155	110	140	15	15	30	
Week 7 August 12 - 16	245	165	175	190	135	140	20	20	35	
Week 8 August 19 - 23	245	165	175	190	135	140	20	20	35	

*Three day option is only available for Monday, Wednesday, and Friday

**Camp Closed on Monday July 1st and Monday August 5th, 2018. 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.

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 Camp fees are refundable if the child is withdrawn a week before the start of camp. 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 of \$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 the specified pick up time.

Assumption of Risk and Indemnifying Release

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 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, for 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.

Parent's Signature: _____

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