

MindTech Montessori Schools

Application for March Break Camp 2010

Reg. No: _____

Child's Name: _____
First Last

Date of Birth: _____ / _____ / _____
Month. Day Year

Address: _____
No. Street City Postal Code

_____ @ _____
E- mail address

Expected Hour of Arrival: _____:_____ Departure: _____:_____ Gender: M or F

Current Grade Level: _____

<p><u>March Break Dates</u></p> <p>Monday, March 15th, 2010 to Friday, March 19th, 2010</p>	<p><u>Theme</u></p> <p>St. Patrick's Week</p> 	<p>I would like to register for (please check <input checked="" type="checkbox"/> one box) :</p> <p><input type="checkbox"/> West Campus (2977 16th Avenue.)</p> <p><input type="checkbox"/> North Campus (1 Dickson Hill Road)</p> <p>*No March Break Camp at East Campus (8961 Ninth Line)</p>
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Due to an emergency, my child may only be released or contacted, to the following people and the person signing this application:

Name	Phone Number	Relationship
_____	(____) _____	_____
_____	(____) _____	_____

Mother/Guardian Name _____ Home Phone (____) _____
 Office/Cell Phone (____) _____

Father/Guardian Name _____ Home Phone (____) _____
 Office/Cell Phone (____) _____

Medical Information
 Doctor's Name _____ Phone No. (____) _____ Address _____
 Child's allergies include _____

FOR CURRENT MINDTECH FAMILIES: *** Early Bird fee expires February 19th, 2010. Spaces Limited***

(Please check all that apply.)

CAMP FEES:

<input type="checkbox"/> Full-day: 7:30am – 6:00 p.m. \$145.00 Before Feb 15, 2010 \$165.00 After Feb 16, 2010	<input type="checkbox"/> 3 Full-days** 7:30a.m. – 6:00 p.m. \$100.00 Before Feb 15, 2010 \$115.00 After Feb 16, 2010	<input type="checkbox"/> Lunch \$25.00/5 Days \$15.00/3 Days
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** Which 3 days? M T W TH F (please circle)

PAYMENT INFORMATION (Circle One): Cheque Cash Fee Assistance TOTAL PAID: \$ _____

Official Receipt for Income Tax Purposes
 (Please keep a copy for your own files.)

March Break Camp Parent Agreement

In the event of an emergency, the school has my permission to administer first aid or any other emergency treatment in the best interest of the child. I agree to pay all expenses incurred due to an emergency involving my child.

I will be sure to advise the school immediately of any changes in address or telephone numbers at home or business plus emergency contacts and numbers so that the school can reach me at all times.

I understand that the safety of all children is of primary concern. The provision of this service is conditional on both my child's compliance with the Code of Behavior and my treatment of the school and its staff. I understand that behavior that poses a safety hazard for the other children or the staff will not be accepted and could result in immediate withdrawal or temporary suspension of service, without a refund of fees.

I agree to pay a late pickup fee of \$3.00 per child for each five-minute period after 6:00 pm. This amount is to be paid in cash the same day directly to the staff on duty.

I understand that there is no reduction or refund of fees during my child's absence from the Summer Camp, for any reason. There is no reduction or amendment of weekly fees if it has any holiday whatsoever. Provided my fees are paid up-to-date for the week(s) that I have selected, my child's space will be reserved during any absences. If these fees are not paid in advance, I understand that my child's enrollment could be discontinued. There is a \$50.00 refund penalty for a withdrawal, regardless of one week or more before February 15, 2010, and there are absolutely no refunds for any reason whatsoever beyond February 15, 2010.

As a parent, I understand that my behavior and treatment towards the school, its staff and students is an important part of our overall program. Should the Director and/or a staff member and/or other parent(s) find my behavior towards the school or its members unacceptable, the Director at his/her discretion, may withdraw or suspend my child's registration without notice.

**I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE POLICIES.
THIS AGREEMENT IS SUBJECT TO CHANGE WITH TWO WEEK'S NOTICE.**

I, _____, hereby make application to enroll the above-mentioned child into MindTech . My child and I understand and agree to abide by all of MindTech's policies and regulations as per the Parent & Student Handbook. I hereby release MindTech and it's representatives from all claims arising from any accidents or injury howsoever occurred, which are caused by or arise from participation by my child named herein during any program whatsoever, or in any facility or at any location at which a program is held.

Signature of Parent/Guardian

Signature of Parent/Guardian

_____/_____/2010
M D

Signature of Camp Director

FOR OFFICE USE ONLY:

Received By: _____

Date of Submission: _____

Fee: _____