



PRESTIGE MONTESSORI SCHOOL

SUMMER CAMP APPLICATION FOR ADMISSION

Child's Surname

Given Name(s)

Date of Birth (MM/DD/YYYY)

Gender

Male

Female

Home Address

Province

Postal Code

Phone

Days Attending: Monday

Tuesday

Wednesday

Thursday

Friday

Please Select:

Before Camp Program

After Camp Program

Name of Father

Guardian

Home Address (check if same as Camper)

Phone – Home

Work

Cell

Email

Name of Mother

Guardian

Home Address (check if same as Camper)

Phone – Home

Work

Cell

Email

Name(s) of Siblings (if any)

Ages

Father

Guardian

Signature

Date:

Mother

Guardian

Signature

Date:

PRESTIGE MONTESSORI SCHOOL OAKVILLE CAMPUS

2530 Third Line, Unit 1-3, Oakville, Ontario L6M 0G8 • Phone: 905-825-8804 • Fax: 905-825-2889

email: info@prestigemontessori.com • web: prestigemontessori.com



PRESTIGE MONTESSORI SCHOOL

SUMMER CAMP ENROLLMENT AGREEMENT

1. I/We will support and reinforce any and all rules, regulations and policies put in place by Prestige Montessori School.
2. **I/We understand that all deposits are non-refundable.**
3. In order to confirm a placement for our child, all required documentation and all required Camp fees, including any appropriate post-dated cheques, must be completed and submitted to the school office in a timely manner.
4. **I/We agree that the Summer Camp fees and the Before Camp/After Camp fees are non-refundable, and if the child is removed, for any reason, there is still an obligation to pay the full camp fees.**
5. Extended day program fees are not included in the Camp fees, but are in addition to such fees.
6. I/We have completed and submitted the Summer Camp Application for Admission.
7. I/We understand that Prestige Montessori School reserves the right to permanently dismiss any camper where, in the sole and absolute discretion of Prestige Montessori School, the continued attendance of that child would not be in the best interest of the child and/or of the school.
8. I/We understand that this document shall be considered part of an application for registration until acceptance is confirmed and the appropriate deposit is received by Prestige Montessori.

I/We have read and agree to the above-stated terms of enrollment for Prestige Montessori School.

Camper's Name:

Date:

Parent/Guardian Signature:

Relationship:

Parent/Guardian Signature:

Relationship:

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SUMMER CAMP MEDICAL INFORMATION FORM

Child's Full Name:

Sex:

Date of Birth (MM/DD/YYYY)

Height (cm)

Weight (kg)

Child's General Overall Health (Comment):

Please outline any athletic and/or school activities in which your child **cannot** participate

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 suffer from any allergies? (yes/no)

If so, list allergies here:

Are your child's allergies severe enough to be considered anaphylactic? (yes/no)

Must your child keep any medication at school for any medical condition? (Describe):

Child's Physician Name:

Phone:

Address:

Alternate individual to be called in any emergency when parents/guardians cannot be reached:

Name:

Relationship:

Daytime Phone:

Evening Phone:

Address:

Consent Form: In case of a medical emergency when prompt medical attention is deemed necessary, if the parents or guardian or above-noted alternate cannot be immediately contacted, permission is hereby granted to move the above-named child to the nearest medical facility and to proceed with treatment. Any medical expenses incurred for such treatment shall be my responsibility.

Parent/Guardian Signature:

Relationship:

Dated at:

this

day of

,

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SUMMER CAMP EMERGENCY INFORMATION FORM

Child's Name		Child's DOB (MM/DD/YYYY)	
Mother's Name		Father's Name	
Address		Address	
City		City	
Province	Postal Code	Province	Postal Code
Phones	Daytime	Phones	Daytime
	Evening		Evening
	Cell		Cell
	Pager		Pager
Mother's Work Address		Father's Work Address	

EMERGENCY CONTACTS

Contact No. 1	Contact No. 2
Relationship	Relationship
Telephone	Telephone
Telephone	Telephone

MEDICAL INFORMATION

Child's Doctor	Phone
Doctor's Address	
Allergies	
Medical Information	
Special Information	
Hospital Choice of Emergency	

In the event that I cannot be reached, I hereby give permission for my child to receive treatment

Parent/Guardian Signature:	Date
Relationship	Relationship

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SUMMER CAMP WEEK SELECTION FORM

I, _____, would like _____ to
attend Prestige Montessori's Summer Camp Program on the following weeks:

Week 1 - June 16th - June 20th

Week 2 - June 23rd- June 27th

Week 3 - June 30th - July 4th - HOLIDAY WEEK

Week 4 - July 7th - July 11th

Week 5 - July 14th - July 18th

Week 6 - July 21st - July 25th

Week 7 - July 28th - August 1st

Week 8 - August 5th - 8th - HOLIDAY WEEK

Week 9 - August 11th - 15th

Week 10 - August 18th - 22nd

SPECIAL INFORMATION

There are two Holiday weeks for the Summer program. Fees have been already been reduced for those weeks.

Each child MUST be registered for a minimum of three (3) weeks. A NON-REFUNDABLE deposit of \$600.00 is due with the Summer Camp registration forms, which can be made by either and e-transfer to prestige@bellnet.ca, or by cheque to "Prestige Montessori Inc."

Please note that there is a \$600 administration fee for any cancellation by the parent at any point throughout the summer program in addition to the deposit paid.

Lunches, snacks and beverages are not provided. We are a NUT FREE facility, and any food sent in must adhere to our strict NUT FREE policy at the school. We will not allow any foods that contain NUTS.

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