

KIDS FIRST MONTESSORI SUMMER CAMP

Child's name : _____

Registration Date : _____

Registration Fee : _____
(Non-Refundable)

Start Date : _____

Program Time : 7:30am to 5:30pm

: ☐ Full Time - 10 hrs ☐ Part Time - 5
hrs

Days of week : ☐ Monday ☐ Tuesday ☐
Wednesday

☐ Thursday ☐ Friday

Contact : Pam - 778 895 0007

Chanchal - 604 781 4231

Email: kidsfirstmontessori@hotmail.com

KIDS FIRST MONTESSORI SUMMER CAMP

Enrollment Form

CHILD INFORMATION

Start Date: _____ Last Day of Attendance: _____

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Current Address: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Person to pick up child regularly: _____

EMERGENCY CONTACT

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

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Medical History

Allergies: ☐ Yes ☐ No If yes, are they anaphylactic? ☐ Yes ☐ No

If yes, please list all the allergies and fill a care plan for all details of symptoms, medications and instructions to follow.

Does your child have any

☐ Speech Difficulties

☐ Hearing

☐ Vision

☐ Other: _____

Is your child toilet trained or in process?

☐ Yes

☐ No

Care Plan Form

In case of any allergic reaction emergencies, we kindly request parents to fill in a detailed Care Plan form which will be provided by the school to address effectively to the situation.

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EMERGENCY CONSENT CARD

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Current Address: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Out of Town Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Date of most recent Tetanus Shot: _____

Child's Dentist: _____ Phone: _____

Care Card Number: _____ Date Effective: _____

IMMUNIZATION RECORD

An up to date copy of your child's immunization record must be provided. If you do not have a copy, please bring in the original and a copy will be made for the records.

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DROP OFF & PICKUP

Authorised names of people to drop off and pick up child/ren from Kids First Montessori Summer Camp

Name	Relationship

Please note:

1. Any other circumstances involving custody or court orders, must be supported by proper documents for the release of the child.
2. Please inform us if someone other than yourself will be picking up your child. Your child's safety is very important. Proper identification will be requested from the individual not on our list.

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PERMISSION FORM & PARENT AGREEMENT

I, _____, give permission for my child _____
to take part in the following activities:

Permission for Emergency Medical Aid

I hereby give permission to Kids First Montessori Summer Camp to call a physician or an ambulance to receive medical attention in case of an accident or serious illness in my absence for my child when I cannot be reached/contacted immediately.

☐ Yes ☐ No

Permission for Outdoor Activities, Playground and Field Trips

I hereby give permission to Kids First Montessori Summer Camp to take my child on the playground and engage in outdoor activities. I understand that my child will not be taken on outings requiring the use of personal or public transportation, without receiving specific permission to do so.

☐ Yes ☐ No

Permission for Picture Taking

I hereby give permission to Kids First Montessori Summer Camp to capture photographs of my child for the purposes of classroom documentation, record keeping, and preschool displays (e.g., bulletin boards and learning portfolios). Copies of my child's photographs only will be available to me upon request. Images will not be shared publicly or used for any external purpose without my prior consent.

☐ Yes ☐ No

Signature: _____

Date: _____

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IMPORTANT INFORMATION PLEASE READ AND SIGN

Payment Policy:

1. Monthly fees is payable to **Kids First Montessori Preschool**, by cheque dated for the 1st of each month. On withdrawal, all post dated cheques will be returned
2. We prefer cash / e-transfer. Please ensure your child's name is included in the message/note section to make it easy to identify the payment.
3. No exemption from payment of monthly fees, if your child misses school days due to medical or personal reasons.

Withdrawal Policy:

1. Two weeks notice is required in order to withdraw your child from the Summer Camp program. In case of no notice a full month fee will be charged.
2. The school reserves the right to release a child/ren from enrolment, if the school decides it is in the best interest of the child/ren and or school.

Health Policy;

1. In case of any serious or contagious illness, please inform the school for your child's absence.
2. Our school is a **Nut Free Zone**. Please do not send **Nuts/Tree Nuts/Peanuts/Nutella** to school as snacks or treats with children.

Late Pickup fee :

1. Please pickup your child from Summer Camp on time at the end of the class i.e., 7:30am to 5:30 pm
2. Late fee of \$1 per minute will be charged after 5 minutes of grace time.

Signature: _____

Date: _____

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School Supplies

1. Indoor shoes (comfortable shoes or slippers)
2. Sunglasses & Sunscreen
3. Snack & lunch
4. Water Bottle
5. Extra clothes in a well labelled ziplock bag

Documents Required

1. Care Plan Form (if required)
2. Copy of Immunisation Record

Earthquake/Emergency Kit

Parents are requested to provide the following items for their child. All items must be placed in a ziplock bag, clearly labeled with your child's full name.

Please include:

- Family photo
- Personal hygiene items (Diapers and wipes : 2 each, if applicable)
- Medicines (if prescribed/necessary)
- Non-perishable food (only if your child requires specific items due to allergies)

Note: The school will provide all essential emergency supplies, including first aid, food, and water.