



MILESTONE MONTESSORI

Unit 20 & 21, 279 Kingston Road East
Ajax, Ontario
L1Z 0K5

(905) 426-4367
info@milestonemontessori.ca
www.milestonemontessori.ca

2019 Summer Camp Application Form

Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Week (s) Registering (please \checkmark): Week 1 Week 2 Week 3 Week 4
 Week 5 Week 6 Week 7 Week 8

Program: Toddler (18-30 months) Pre-School (31-72 months)

Parents or Guardian's Name(s): _____

Address: _____

Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone #: _____

Mother's Cell # _____ Father's Cell Phone #: _____

Contact Email: _____

Person(s) authorized to pick up your child / Emergency Contacts:

Name: _____ Relationship: _____

Phone#: _____

Name: _____ Relationship: _____

Phone#: _____

Name: _____ Relationship: _____

Phone#: _____

Primary Language: English French Other: _____

Does Milestone Montessori summer camp program have permission to use photos of your child in educational or promotional materials? (There is no cost.) Yes No

Please read and sign below:

1. Deposit of \$50 registration fee and balance must be paid in full before June 3, 2019.
2. No refunds or make up classes are provided for absences, vacation time or holidays.
3. There will be a charge of \$50.00 of all NSF cheques.

I/WE HAVE READ, UNDERSTAND & AGREE WITH ALL OF THE ABOVE TERMS, CONDITIONS, RULES, PROCEDURES, & POLICIES OUTLINED IN MILESTONE MONTESSORI SCHOOL.

**Please make all cheques payable to Milestone Montessori and Child Care Services

Parent or Guardian Signature: _____

Date: _____