



Advance Montessori School

8142 Islington Avenue, Woodbridge, Ontario ph: (905)669-0101
www.advancemontessori.com

SUMMER CAMP REGISTRATION:

Child's Full Name: _____ Sex: _____ Age: _____

Date of Birth: _____

Full Name of Mother: _____ Home Phone: _____

Home Address: _____

Occupation: _____ Business Phone: _____ Cell: _____

Full Name of Father: _____ Home Phone: _____

Home Address: _____

Occupation: _____ Business Phone: _____ Cell: _____

Child Lives with: Both parents Mother Father Other _____

Names and ages of siblings: _____

Names of Friends attending A.M.S. _____

Name of person to be contacted in case of emergency or illness: _____

(if parents cannot be reached) Relationship to child: _____

Home Phone of emergency contact: _____ Business or cell: _____

Enrolling for: Infant: (1 month to 17 months) Toddler: (18 months to 2 1/2 years)

Pre-Casa (2 1/2 to 3 years) Casa (3 to 6 years)

Five day program: Choose one: Morning Afternoon Full Day

OR: Three day starter program: Morning Afternoon Full Day

Allergies: _____

Please inform us of medical conditions or medications we should be aware of:

Terms of Admission

I have read and agreed to the above terms of admission and wish to apply for admission for my child.

Parent Signatures: _____ Date: _____

OFFICE USE: Child is accepted to the Advance Montessori School for the 20__ Summer Camp

Principal's Signature: _____ Date: _____

Enrolling for Summer camp: July ___ August ___ Both ___

5 Mornings _____ 5 Afternoons _____ 5 Full Days _____

4 Mornings _____ 4 Afternoons _____ 4 Full Days _____

3 Mornings _____ 3 Afternoons _____ 3 Full Days _____