



March Break Camp Registration

355 Michael Cowpland Drive, Kanata, Ontario K2M 2C5
613-592-1505 Fax 613-592-3705

Child's Name _____ Birth Date DAY____ MO____ YEAR____

Address _____

Postal Code _____ Home Phone # _____

Father's Name _____ Phone # (day) _____

Mother's Name _____ Phone # (day) _____

E-mail Address _____ Health Card # _____

Doctor's Name _____ Phone # _____

Please list any health, allergy concerns or food restrictions _____

Does your child have an epi-pen? _____ If yes, please provide an epi-pen to camp staff

Please see cover page for times and rates.

<u>Days required</u>	<u>Please check</u>	<u>Times required</u>	<u>Total Amount</u>
Monday, March 12	_____	_____	_____
Tuesday, March 13	_____	_____	_____
Wednesday, March 14	_____	_____	_____
Thursday, March 15	_____	_____	_____
Friday, March 16	_____	_____	_____
Monday, March 19	_____	_____	_____
Tuesday, March 20	_____	_____	_____
Wednesday, March 21	_____	_____	_____
Thursday, March 22	_____	_____	_____
Friday, March 23	_____	_____	_____
KMS T-Shirt (\$15)			_____
		Payment Attached	_____

Paid By _____ Note: this is the name(s) that will appear on your tax receipt (if eligible).

In consideration of the admission of the child, _____, at Kanata Montessori School March Break Camp, the undersigned agree(s) to release, discharge, indemnify completely and save harmless, Kanata Montessori School, its officers, employees, and agents from all claims, actions and demands whatsoever in respect of any damage, loss, or injury to the person or property of the child named above or to any persons claiming under Part V of the Family Law Reform Act of Ontario or any amendments, extensions of replacement legislation. This indemnity is meant to, and does, extend to any field trips, or away from school excursions and protects all school volunteers connected therewith. It is also understood and agreed that this indemnity agreement shall remain in full force and effect from year to year during the entire enrolment of the child named herein.

Dated: _____ Signed: _____

Your child will not be released to anyone whose name is not listed below, unless prior consent is received.

Name	Telephone	Address
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In case of emergency, if parent(s) cannot be contacted I hereby authorize:

Name	Telephone	Address
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To act on my behalf in the interest of this child. If parent(s) or third party cannot be contacted, I authorize the school authorities to act on my behalf in the interests of this child.

Dated: _____ Signed: _____

****REMINDERS****

**Please supply your children with a lunch and 2 snacks.
Kanata Montessori School is a peanut/nut free (traces of peanut/nut free) school.**

Registration is ongoing and is on a first come, first serve basis.
Full payment is due with the registration form. No refunds after Friday, February 17, 2012.