



2663 West King Edward Vancouver, BC V6L 1T5, Tel: 604 568 8059, Email: info@creativekidsmontessori.com

FULL DAY SUMMER CAMP (July 2- August 2, 2024) 8:30am -4:30 pm

NAME OF CHILD

(SURNAME, GIVEN NAME, ALSO KNOWN AS)

M ☐ F ☐

ADDRESS:

POSTAL CODE:

PHONE:

PERSON(S) WITH WHOM CHILD LIVE (ADULTS & CHILDREN:)

CHILD'S FIRST

SECOND LANGUAGE:

LANGUAGE:

PARENT(S)/GUARDIAN(S)

MOM'S NAME:

HOME PHONE:

WORK PHONE:

LOCAL: DAY/HOURS OF WORK:

EMAIL:

DAD'S NAME:

HOME PHONE:

WORK PHONE:

LOCAL: DAY/HOURS OF WORK:

EMAIL:

PERSON(S) AUTHORIZED TO PICK UP CHILD AND/OR BE CONTACTED IN CASE

EMERGENCY (INCLUDE: MOTHER / FATHER / GUARDIAN)

NAME:

RELATIONSHIP TO CHILD:

HOME PHONE:

WORK PHONE:

NAME:

RELATIONSHIP TO CHILD:

HOME PHONE:

WORK PHONE:

SCHOOL YOU ARE CURRENTLY ATTENDING

NAME:

WHAT IS YOUR FIRST LANGUAGE, IF NOT ENGLISH



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PLEASE LIST MEDICAL HISTORY/CONDITIONS

DOES YOUR CHILD HAVE ANY ALLERGIES? Y ☐ N ☐ If YES, list _____

DOES YOUR CHILD HAVE ANAPHYLAXIS? Y ☐ N ☐ If YES, list _____

DOES YOUR CHILD CARRY AN EPI PEN? Y ☐ N ☐ _____

IS YOUR CHILD ON MEDICATION? Y ☐ N ☐ If YES, list _____

PERSONAL HEALTH NUMBER

DATE EFFECTIVE

_____/_____/____/
YEAR MONTH DATE

WAIVER: I hereby authorize my child's participation in this camp. I consent to such medical treatment of my child, in the event of emergency, as the attending physician may advise. I will be responsible for any medical or other charges in connection with his/her treatment or attendance at the camp course. I realize that the camp has the right to deny admission or dismiss any participant from the camp. I understand that my child will participate in or attend a camp/Creative Kids Montessori & Fine Arts Academy. I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in activity, and by signing this document, I waive and release any and all right and claim for any damages of any sort or any other claim or remedy of any sort I may have against Creative Kids Montessori, its directors, officers, and its staff, in connection with my child's participation in this camp. By signing below, my child and I agree to abide by all rules, regulations, financial policies, and standards of conduct as described in the Creative Kids Montessori & Fine Arts Academy Policies. Fees are non-refundable. Priority is given to children who sign up for the full five-week camp.

☐ Location: 2663 West King Edward, Vancouver, BC V6L1T5

☐ I have read the Rules & Cancellation policies.

Parent/Guardian Signature : _____

DATE: ____/____/_____
YEAR MONTH DATE