



2019 Registration

Please select weeks below

- Week 1, July 2 - July 5 \$180
- Week 2, July 8- July 12 \$225
- Week 3, July 15 - July 19 \$225
- Week 4, July 22 – July 26 \$225

Total \$ _____

Child's Name: _____

Please complete all sections and submit with full payment.

Cheques are payable to Avalon Children's Montessori School.

Questions can be directed to registrar@avalonmontessori.ca



Child's Information

Given Names: _____

Child goes by: _____ Male / Female

Date of Birth (D/M/Y): _____ Age: _____

Language(s) spoken at home: _____

Address

Street: _____ Apt/Unit #: _____

City: _____ Postal Code _____

Phone Number: _____

Parent/Guardian Information

Please provide contact information should we need to reach you during camp hours.

Name: _____ Cell: _____

Email: _____ Bus: _____

Name: _____ Cell: _____

Email: _____ Bus: _____

Emergency Contact Person (other than parent/guardian)

Name: _____

Relationship to child: _____

Phone Number(s): _____

Child's Medical Information

Doctor's Name: _____

Address: _____

Phone Number: _____

Allergies/Sensitivities/Diet Restrictions _____

Does your child take medication regularly? Yes No *If yes, please explain.*

Please provide drug names and dosage details if it is to be administered during camp hours:

Please specify any medical, social or emotional conditions the Camp should be aware of:

Camp Policies

I, _____, the parent/guardian of _____ have received, read and understand the policies of Camp Avalon.

Medical Waiver

I, _____ the parent/guardian of _____ understand that in the event of an accident or illness occurring to my child, the Camp will make every attempt to contact me and/or my child's other parent/guardian. If however, I/we cannot be reached, I hereby give Camp Avalon, it directors and counsellors authority to act on my behalf in case of emergency and to take appropriate steps to have a doctor attend to my child.

Permission to go on Outings

I, _____ the parent/guardian of _____ give permission for my child to take part in any off-site events and activities during the duration of Camp. I understand that a schedule will be posted and that it is subject to change without notice.

Photographic Waiver

I, _____ the parent/guardian of _____ authorize my child's photograph to be used for camp activities and camp purpose only.

I do not wish my child's photograph to be used in any method of advertising for Camp Avalon.

How did you hear about Camp Avalon? _____