

Better Beginnings Nursery School
Free Spirit Montessori
1208 Kingston Road, Scarborough, ON. M1N 1N8
416-903-7827

Summer Camp Registration Form 2021

Week(s) Selected: Week 1: (Jul 5- 9) _____
Week 2:(Jul 12-16) _____
Week 3: (Jul 19-23) _____
Week 4: (Jul26-30) _____
Week 5: (Aug3- 6) Short week _____
Week 6: (Aug 9-13) _____
Week 7: (Aug 16- 20) _____
Week 8: (Aug 23- 27) _____

Name of Child: _____

Date of birth: _____

Home Address: _____

Phone Number: _____

Child's Doctor: _____

Doctor's Address: _____

OHIP # _____

Any Allergies, Medical or other conditions that we should be aware of? _____

Mother's Name: _____

Mother's Address: (If Different from above) _____

Mother's Work Address: _____

Mother's Phone Numbers: (Home) _____

Cell: _____ Work: _____

Father's Name: _____

Father's Address: (If Different from above) _____

Father's Work Address: _____

Father's Phone Numbers: (Home) _____

Cell: _____ Work: _____

Emergency Contacts: 1- _____
 2- _____

I hereby give my child permission to go to local community activities and local park outings as part of the school's program. I understand that by signing this document, I am consenting to my son/daughter to attend the field trips that are scheduled for the week(s) he/she is registered to attend. I give permission for my child to travel by TTC to and from all the local outings. I also understand that parents and teachers may take pictures of the children during special concerts and activities.

Parent Signature: _____

Date: _____

Witness: _____

Medical Release Form

I give permission for my child to receive attention at the closest hospital or hospitals.

Parents signature -----

50% non-refundable deposit is required to secure a space in any of our summer camp program.