



Application for Summer 2022
School Age - 5 years to Grade 4

Child's name: _____ Date of Birth: _____

Class: _____ Phone: _____

Email: _____

Brackendale Montessori is pleased to offer 7 weeks of creative fun filled activities along with an academic program to further enhance your child's skills. Children will enjoy a summer experience within the traditions of a Montessori environment.

Please note: Brackendale Montessori will be **closed** Aug 22nd through to Sept 5th, 2022.

Regular classes will resume Tuesday Sept 6th, 2022.

Week	Holiday Dates (School closed)	Program Type (Circle one)	Total amount
July 4 th – 8 th		Full Day/Core Day	
July 11 th – 15 th		Full Day/Core Day	
July 18 th – 22 nd		Full Day/Core Day	
July 25 th – 29 th		Full Day/Core Day	
Total Due for July 1st 2022			\$
Aug 2 nd – 5 th	Aug 1 (10 % discount)	Full Day/Core Day	
Aug 8 th – 12 th		Full Day/Core Day	
Aug 15 th – 19 th		Full Day/Core Day	
Total Due for Aug 1st 2022			\$

CAMP	HOURS	FEE
School Age Full Day	7:30 am – 5:30 pm	\$ 335 per week
School Age Core Day	8:30 am to 4 pm	\$ 285 per week
Meal Plan Optional	Hot lunch and Snacks from Beryl's Kidz kitchen can be purchased for an additional \$ 50 per week .	

Parent Signature: _____

Date: _____

Brackendale Montessori Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()		
Home Phone	Work Phone	()	()
Home Address	Home Address		
City, Postal Code	City, Postal Code		
Work Address	Work Address		
City, Postal Code	City, Postal Code		
Alternative Emergency Contacts (*)			
Primary Emergency Contact/Relation to Child	Secondary Emergency Contact/Relation to Child		
()	()		
Home Phone	Work Phone	()	()
Address	Address		
City, Postal Code	City, Postal Code		
Medical Information			
Physician's Name	Phone Number		
Address, City, Postal Code	Health Card # (Optional)		
Allergies/Special Health Considerations			
<p>In the event of an emergency, if I cannot be contacted, or if the emergency is such that time does not permit such contact, I authorize Brackendale Montessori and it's representatives to secure any treatment prescribed by a physician or healthcare professional, including arrangements made for transportation to the Emergency Department of the nearest hospital, with no liability on the drivers or of Brackendale Montessori and it's representatives. I hereby release Brackendale Montessori and it's representatives of all claims, damages, liabilities arising from any accidents or injury that are not a result of negligence of this school and it's representatives, which are caused by or arise from participation by my child named herein during any program or in any facility or at any location at which a program is held.</p>			
Parent's/Guardian's Signature	Date		