



## Free spirit Montessori Downtown

103E-500 Queens Quay West, Toronto, ON M5V 3K8

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### Summer Camp Registration Form 2023

- Week(s) Selected: Week 1: (Jul 4-7) **short week Arts & Craft** \_\_\_\_\_
- Week 2:(Jul 10-14) **Cooking** \_\_\_\_\_
- Week 3: (Jul 17-21) **Under the sea** \_\_\_\_\_
- Week 4: (Jul24-28) **Science and Sensory** \_\_\_\_\_
- Week 5: (Jul 31-Aug 4) **Nature & Exploration** \_\_\_\_\_
- Week 6: (Aug 8-11) **short week Music & Dance** \_\_\_\_\_
- Week 7: (Aug 14- 18) **Sports/Outdoor Fun** \_\_\_\_\_
- Week 8: (Aug 21- 25) **Cooking** \_\_\_\_\_
- Week 9: (Aug 28-Sep1) **Science & Sensory** \_\_\_\_\_

Some Weeks theme is repeated due to more requests from parents. Please pick minimum of 2 consecutive weeks.

Name of Child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

OHIP # \_\_\_\_\_

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

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.**

**If you are new to our school please fill up a full enrollment form on the main page. We require a complete form with all the information.**