



June 29: Canada Week - Exploring Canada, famous places to visit, Canadian sports, arts, Crafts and special activities reflecting the celebration Of Canada Day.

FD  HD AM  HDPM  2D  3D

July 6: Adventure Camp - Children will spend time outdoors, taking part in games and sports enhancing and building gross motor and muscle development.

FD  HD AM  HDPM  2D  3D

July 13: Safari Week - All about Safari animals, African lion Safari field trip

FD  HD AM  HDPM  2D  3D

July 20: Soccer Week - Onsite Soccer Coach will teach your little ones all they need to know about soccer and how to play the game.

FD  HD AM  HDPM  2D  3D

July 27: Splash Camp - Get Ready To Get Wet! Lots of water play activities, splash pad trips, and onsite sprinkler days.

FD  HD AM  HDPM  2D  3D

August 3: Disney Week - All About your favorite Disney characters, dress up as your favorite character day, role playing, acting, fun activities, and arts and crafts.

FD  HD AM  HDPM  2D  3D

August 10: Lego City Camo - Building and creating with Lego. Children will enjoy creating with their favorite Lego characters.

FD  HD AM  HDPM  2D  3D

August 17: Crafty Chefs Champ - Exploring healthy eating with daily cooking themes, including foods on a stick refreshing smoothies, poolside treats, visit to Loblaws cooking school.

FD  HD AM  HDPM  2D  3D

August 24: Little Artists Camp-Crafty creations using recycled materials, mural paintings, and more much more. Face Painting.

FD  HD AM  HDPM  2D  3D

August 31: The school will be open this week for parents whom require care for their child (ren). Children will enjoy some low key indoor and outdoor activities after a busy summer.

FD  HD AM  HDPM  2D  3D

**Camper Information**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Home Address:-----

Home Phone Number: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Relationship of person(s) authorized to pick up your child:

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Emergency Contact Names: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all Allergies/Special Considerations/Medical Conditions:

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Medications\*: \_\_\_\_\_

\*Please fill out authorization to administer prescribed medication form if medication is required during program hours.

**Western Heights Montessori Academy**

***Summer Camp 2015***

**Risk & Waiver Agreement**

**Permission for Western Heights Montessori Academy to Seek Medical Attention**

I, the undersigned, hereby authorize Western Heights Montessori Academy, its employees, or agents, to seek necessary medical aid that maybe required as a result of any accident or injury sustained by my child.

**Element of Risk Notice**

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of athletic activities and outdoor pay, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries may lead to paralysis or prove to be life threatening. These injuries result from the nature of athletic activities and can occur without any fault on either the part of the student, Western Heights Montessori Academy, or its employees/agents. By choosing to participate in outdoor play/athletic activity you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in an athletic activity. Western Heights Montessori Academy attempts to manage as effectively as possible the risk for students while participating in sports/athletics/outdoor play.

I, the undersigned, agree that Western Heights Montessori, its employees, or agents shall not be liable for any accident or injury sustained by my child)ren or for any loss or damage to personal property arising from, or in any way resulting from, participation in the program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Photo Permission and Release:**

I give Western Heights Montessori Academy permission to photograph and/or video materials. These photographs/videos may be used by Western Heights Montessori for marketing and promotional materials in, but not limited to Western Heights Montessori Academy publications, advertisements, and/or posted on websites and social media handles. Names will not be identified with images at all times.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WESTERN HEIGHTS MONTESSORI ACADEMY  
EMERGENCY INFORMATION**

Child's Name: _____	Child's DOB: _____
Mothers Name: _____	Father's Name _____
Address: _____	Address _____
City: _____	City: _____
Province _____ Postal Code _____	Province _____ Postal Code: _____
Daytime Contact #: _____	Daytime Contact #: _____
Evening Contact #: _____	Evening Contact #: _____
Cell #: _____	Cell #: _____
Mother's Work Address: _____ _____	Father's Work Address: _____ _____

**EMERGENCY CONTACTS**

Contact #1: _____	Contact #2: _____
Relationship: _____	Relationship: _____
Telephone: _____	Telephone: _____

**MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Allergies (please list): \_\_\_\_\_

Medication Information: \_\_\_\_\_

Special Information: \_\_\_\_\_

In the event I cannot be reached, I hereby give permission for my child to receive treatment.

Parent /Guardian #1 Signature: _____	Date _____
Parent /Guardian #2 Signature: _____	Date _____

**WESTERN HEIGHTS MONTESSORI ACADEMY**  
**MEDICAL INFORMATION**

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ Kg

Health Card #: \_\_\_\_\_

Child's General Health (Comment): \_\_\_\_\_

Please outline any athletic and/or school activities in which your child can **NOT** participate: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had his/her eyes tested: \_\_\_\_\_ Result: \_\_\_\_\_

Has your child ever had his/her hearing tested: \_\_\_\_\_ Result: \_\_\_\_\_

Does your child suffer from any allergies/food sensitivities (Yes/No): \_\_\_\_\_ If so, please list \_\_\_\_\_

\_\_\_\_\_

Are your child's allergies severe enough to be considered anaphylactic (Yes/No)? \_\_\_\_\_

Must your child keep any medication at school for any medical condition (Describe):

\_\_\_\_\_

\_\_\_\_\_

Name Of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate individual to be called in any emergency when parents/guardians cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

# WESTERN HEIGHTS MONTESSORI ACADEMY

## CONSENT FORM

In case of a medical emergency when prompt medical attention is deemed necessary, if the parents or guardians or the emergency contact person cannot be immediately reached, permission is hereby granted to move, (Child's Name): \_\_\_\_\_ to the nearest medical facility and to proceed with treatment.

Any medical expenses incurred for such treatment shall be my responsibility.

**Students Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Parent/Guardian 1 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian 2 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please note: both Signatures are required.*