



Arts & Science Camp



Montessori School of Bracebridge

265 Maple Street, Bracebridge, ON P1L 1K3

Phone: (705)645-1443 • camp@montessoriofbracebridge.com

Registration Form

Child's Name		Sex:
<i>(surname)</i>		<i>(full given name)</i>
Date of Birth	Home Phone #:	
<i>Month</i>	<i>Day</i>	<i>Year</i>
Address:		
<i>(postal code)</i>		
Mother's Name:	Father's Name:	
Address if different	Address if different	
Home Phone #:	Home Phone #:	
Business #:	Business #:	
Cell #:	Cell #:	
Email Address:	Email Address:	
Emergency Contact Persons (if parents unavailable) Please provide two.		
Contact One:	Contact Two:	
Contact Phone # (Bus):	Contact Phone # (Bus):	
Relationship to Child:	Relationship to Child:	
Contact Phone # (Home):	Contact Phone # (Home):	
Medical Information		
Physician's Name:	Phone #:	
Health Card #:		
Pervious Serious Illness or Injury that would prevent your child's participation:		
Allergies/Medical Concerns: YES NO		Date:
If YES, please describe:		
Do you or your child have any concerns for this camp session?		
I consent to the collection, use and disclosure of personal information in respect of and on behalf of myself and my child, which may be collected, used and disclosed as necessary for the purposes of providing day care services, administrative purposes related to the Camp's operation and otherwise required by law.		
I the undersigned, have read and understand the terms and conditions outlined in the information provided with this application.		
Signature of Parent/Guardian		Date: