



## Maple Root Academy Summer Camp 2025 Registration Form

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Please fill up this form and email it to: [info@maplerootacademy.com](mailto:info@maplerootacademy.com).

Please Send an e-transfer to: [maplerootacademy@gmail.com](mailto:maplerootacademy@gmail.com).

(Please fill up one form per child)

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

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

Choose Term Length:

Hours (9:00 AM – 3:00 PM)

Preschool:

Full Term :\$900 (July 2 – July 31): \_\_\_\_\_

Ages 4-8:

Full Term \$700 (July 2 –July 31): \_\_\_\_\_

1st Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2nd Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's email: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Child resides with 1st Parent \_\_\_\_ 2nd Parent \_\_\_\_ Guardian \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_



## Maple Root Academy Summer Camp 2025 Registration

Name and phone number(s) of person(s) other than parents allowed to pick up your child.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other information you'd like to include about your child:

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Name of Child: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian's Signature: I understand and accept these guidelines.

Maple Root Academy reserves the right at its sole discretion to refuse an application or dismiss a child from summer camp. No refund will be made of fees if the child has attended any portion of the camping period.

Parent/Guardian's Signature: \_\_\_\_\_

I give Maple Root Academy permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Maple Root Academy and can be used for promotional purposes without notification.

Parent/Guardian's Signature: \_\_\_\_\_



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I authorize the school management to act as the agent of the parents in any emergency or to administer basic first aid for the health and welfare of the child involved. I am responsible for the expenses involved if the services of a physician or hospital are required.

Parent/Guardian's Signature: \_\_\_\_\_

I agree to make all payments for the summer camp, including the \$50 registration fee to secure a spot. Failure to make payments will result in dismissing the child from the summer camp immediately.

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

By signing below, I agree to adhere to all the Policies and Procedures set for by Maple Root Academy.

Parent/Guardian's Signature: \_\_\_\_\_

The medical background of each child is required as part of the camp registration process.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Pediatrician's: \_\_\_\_\_ Name: \_\_\_\_\_

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

Health Card Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

List all current medications regardless of whether it needs to be taken at camp or not:

Allergies: \_\_\_\_\_ (Please put N/A if your child does not have an allergy)

**I certify that the information on this form is true, accurate, and complete to the best of my knowledge. I am responsible for notifying Maple Root Academy in writing of any changes in the information supplied in this form.**

**Parent or Guardian Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_



## Maple Root Academy Summer Camp 2025 Registration Form

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Before and After Hours:

I would like to enroll my child: \_\_\_\_\_ in Maple Root Academy:

☐ Before school program

☐ After school program

Before School Hours: From \_\_\_\_\_ to 8:30 AM

After School Hours: From 3:30 PM to \_\_\_\_\_.

From \_\_\_\_\_ to \_\_\_\_\_

(day/month/year) (day/month/year)

Parent's Name \_\_\_\_\_

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

(day/month/year)

Parent's signature \_\_\_\_\_

Please pay the amount for the whole duration (\$15 per hour).

Note:

Before School hours begin at 7:00 AM

After School hours end at 6:00 PM