



Maple Root Academy Summer Camp 2024 Registration Form

Please fill up this form and email it to: info@maplerootacademy.com.
Please Send an e-transfer to: 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 4-6:

Full Term \$650 (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 _____



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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:

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



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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