

SUMMER SESSION REGISTRATION FORM

TORONTO FRENCH MONTESSORI SCHOOL – STOUFFVILLE CAMPUS

July 14 to August 22, 2025

For students aged 18 months to 6 years old

Student Name:	(Last Name)	(FirstName)	Date of Birt	h: / / (dd / mm / year)	Female Male			
7 Idd1033								
City: —		Province:	Postal Code:					
		2 20 (2220						
Allergy (If an	ıy):							
Family Docto	or:		Phone	<u>:</u>				
Health Card # (optional):								
Mother/Guard	dian							
Name	Home Tel.	Bus. Tel.	Cell Tel.	Email				
		Bus. Ton	con rei.	Dimir				
Father/Guard	ian							
Name	Home Tel.	Bus. Tel.	Cell Tel.	Email	•			
Emergency C	ontact							
Name	Home Tel.	Bus. Tel.	Cell Tel.	Email				
 The School reserves the right to change/cancel the session depending on the number of students. Please sign the reverse side for conditions and acceptance and return to the school along with payment no later than Wednesday April 30, 2025 								

TORONTO FRENCH MONTESSORI SCHOOL SUMMER PRE CASA & CASA PROGRAM - AGREEMENT

CONDITIONS FOR ACCEPTANCE AT TORONTO FRENCH MONTESSORI SCHOOL

Your agreement to accept all of the following conditions is necessary in order for your child to be accepted for enrollment at the Toronto French Montessori School Summer Casa Program.

I/We hereby apply for registration for the herein-named child for the services indicated in this application.

I/We have enclosed the deposit and post-dated cheque(s) for the payment in full for the child to be registered.

I/We hereby give the school officials permission to act on my/our behalf in case of an emergency.

I/We agree to release and indemnify Toronto French Montessori School from any and all claims for damage arising as a result of any accident, injury, or otherwise sustained by the herein-named child arising from participating in any camp activities that is not caused as a result of the negligent act/omission of Toronto French Montessori School and/or any of its staff.

I/We agree that the school must receive at least four weeks written notice before the first day of session if I/we want to withdraw from session.

I/We understand that the \$100 deposit is non-refundable and must be handed in with the registration form prior to May 1, 2025.

Accepted payment methods: Cheque made payable to **TFMS** Interac e-Transfer: accounting@torontofrenchmontessori.com

Please checkmark the applicable time and period of session below:

Half day: 9:00am – 11:30am Full day: 9:00am – 3:00pm

Summer Fees:

Program:	Fees:	Weeks / Qty:	Cost:
□ Casa -Full Day	\$350/week		
☐ Pre Casa -Full Day	\$400/week		
☐ Pre Casa -Half Day	\$245/week		
☐ Hot Lunch (mandatory)	\$35/week		
☐ Extra Care PM (3-5pm)	\$60/week		
☐ Extra Care AM (7:30-9am)	\$30/week		
☐ Summer t-shirt (mandatory)	\$25 each		
		Total:	

□ Fie Casa -Haii Day	\$243/ Week						
☐ Hot Lunch (mandator	\$35/week						
☐ Extra Care PM (3-5pt	\$60/week						
☐ Extra Care AM (7:30	\$30/week						
☐ Summer t-shirt (mand	\$25 each						
			Total:				
AM drop off time:	PM pi	ck up time:	Nap: Y	'es □ No □			
□ Aug 4*	- Aug 8	•	July 25 □ July 2 Aug 15 □ Aug no school	•			
g. 1			Date of Bi	irth			
Student Name Last Name	First Nan	ne	Submission D	DD MM ate	YYYY		
Office Use Only:							
ate Received: Payment Received: Cash: Cheque #:							
Registrar Signature:							