



EDUCATIONAL SUMMER CAMP



Please complete the form below and email it to krm@kingsridgemontessori.com
Please note summer camp payments are NON-REFUNDABLE.

Monthly Programs

July 2nd - 26th, 2024

August 6th - 30th, 2024

- Toddler**
 - 5 Days (program hour): \$1700/Month | after CWELCC fee reduction: \$803.25/Month
 - Before Care: \$175/Month | after CWELCC fee reduction: \$82.69/Month
 - After Care: \$175/Month | after CWELCC fee reduction: \$82.69/Month
- Casa**
 - 5 Days (program hour): \$1500/Month | after CWELCC fee reduction: \$708.75/Month
 - Before Care: \$150/Month | after CWELCC fee reduction: \$70.88/Month
 - After Care: \$150/Month | after CWELCC fee reduction: \$70.88/Month
- 6-9 Years Old**
 - 5 Days (program hour): \$1600/Month
 - Before Care: \$160/Month
 - After Care: \$160/Month

For more information

krm@kingsridgemontessori.com
(905) 833-5522

EDUCATIONAL SUMMER CAMP



Child's Full Name: -----

Date of Birth (MM/DD/YY): -----

Will attend KRM in JULY only.

Will attend KRM in August only.

Will attend KRM in both July and August.

Parent's Full Name: -----

Parent's Signature: -----

Today's Date (MM/DD/YY): -----

FILLED PAD FORM ENCLOSED

JULY* \$_____ DATED JUL. 1/24

incl. before school care incl. after school care incl. before + after school care

AUGUST* \$_____ DATED AUG. 1/24

incl. before school care incl. after school care incl. before + after school care

King's Ridge Montessori

Tel: (905) 833-5522

www.kingsridgemontessori.com

krm@kingsridgemontessori.com

30 Tatton Court, King City, Ontario. L7B 0N7



Date: _____

Student Emergency Information Form

First Name:	Last Name:	
Birth date (MM/DD/YYYY):	Gender:	
Nationality:		
Home Address:	City/Town:	Postal Code:

<p>Parent 1/Guardian 1:</p> <p>Name:</p> <p>Home Address:</p> <p>Home Phone:</p> <p>Cell Phone:</p> <p>Business Name:</p> <p>Occupation:</p> <p>Business Address:</p> <p>City/Town:</p> <p>Email Address:</p>	<p>Parent 2/Guardian 2:</p> <p>Name:</p> <p>Home Address:</p> <p>Home Phone:</p> <p>Cell Phone:</p> <p>Business Name:</p> <p>Occupation:</p> <p>Business Address:</p> <p>City/Town:</p> <p>Email Address:</p>
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Physician's Name:		
Office Address:	City/Town:	Postal Code:
Phone:		

Allergies/Restrictions:

Emergency Contact Person:		
<input type="checkbox"/> Parents/guardians are the ONLY authorized contacts unless otherwise specified.		
<p>Name:</p> <p>Relationship to the child:</p> <p>Home Phone:</p> <p>Cell:</p>	<p>Name:</p> <p>Relationship to the child:</p> <p>Home Phone:</p> <p>Cell:</p>	<p>Name:</p> <p>Relationship to the child:</p> <p>Home Phone:</p> <p>Cell:</p>

RELEASE AUTHORIZATION:

Person/people to whom the child may be released:

Parents/guardians are the ONLY authorized pick up unless otherwise specified.

1) Full Name:

Relationship to the child:

Phone:

2) Full Name:

Relationship to the child:

Phone:

3) Full Name:

Relationship to the child:

Phone:

PHOTO PERMISSION:

I/We do do not authorize King's Ridge Montessori to use my/our child's name and photo for school advertising and social media.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____



KING'S RIDGE MONTESSORI
30 TATTON CRT. BUILDING T, KING CITY, ON L7B0N7
PHONE: 905.833.5522
INFO@KINGSRIDGEMONTESSORI.COM

Student's Full Name: _____

I/we authorize **King's Ridge Montessori** and the financial institution designated to begin deduction of \$_____ for monthly regular recurring payments for tuition fee which will be debited to my/our specified account on the **1st day of each month/or next business day.**

Type of PAD service: Personal or Business

This authority is to remain in effect until **King's Ridge Montessori** has received written notification from me/us of its change or termination of PAD as method of payment. This notification must be received at least 15 business days before the next debit is scheduled. Further information for your rights to cancel this PAD agreement can be found by visiting www.payments.ca.

I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights contact your financial institution or visit www.payments.ca.

Please fill your information below:

Payor's Full Name: _____

Financial Institution: _____

Institution Number: _____

Transit Number: _____

Account Number: _____

I/we have authority under the terms and conditions of my/our account agreement with my financial institution to debit the account.

Signature and name of account holder: _____

Signature and name of joint account holder (if applicable): _____

Date: _____
(YYYY/MM/DD)