



**2021 SUMMER PROGRAM APPLICATION FORM**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TEL. #: \_\_\_\_\_

HALAL  VEGETARIAN  HEALTH CARD #: \_\_\_\_\_  
*(NEW PARENTS please include most recent immunizations)*

HOT LUNCH:  YES  NO NAP:  YES  NO  
*(Mandated for all children under 4 years of age)*

ALLERGIES / DIETARY RESTRICTIONS /SPECIAL INSTRUCTIONS: \_\_\_\_\_

PAST COMMUNICABLE DISEASES: \_\_\_\_\_  
 (MEASLES, RUBELLA, MUMPS, CHICKEN POX, MENINGITIS, RABIES)

PARENT #1 NAME: \_\_\_\_\_ BUSINESS #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_  
*(inclusion signifies permission for use)*

WORK ADDRESS: \_\_\_\_\_

PARENT #2 NAME: \_\_\_\_\_ BUSINESS #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_  
*(inclusion signifies permission for use)*

WORK ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT'S RELATIONSHIP TO CHILD: \_\_\_\_\_

AUTHORIZED INDIVIDUAL(S) FOR STUDENT PICK-UP: \_\_\_\_\_  
*(must be accompanied by permission note)*

The Montessori Learning Centre of Pickering reserves the right to refuse an enrolment or dismiss an attendee if it is in the best interest of the Child &/or the Program. Permission is given to use photos or video excerpts of Children, which may appear in various MLCP advertising venues. I desire that my child participate in the full program & all activities unless I advise you otherwise in writing and, as such, that I am responsible for alternate arrangements. I agree, with MLCP having taken necessary precautions as they deem necessary, the school/staff/volunteers will not be held responsible for any sickness or accident to my child while in the care of MLCP. If for any reason my child requires medical attention beyond that furnished by the program, I agree to be responsible for any expenses incurred.

I understand the information on the Thyro-block iodine pills & agree to their administration should it become necessary.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

