



2022 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 (Mandated for all children under 4 years of age) NAP: YES NO
 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 have read and acknowledge all MLCP Policies and Procedures and General Information Handbook. 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: _____