



email. contact@novamontessoripreschool.com Ph. +1-204-2610647 Fax. +1-204-2610649

SUMMER CAMP REGISTRATION FORM
July & Aug, 20__

Location (select one):

3311 Pembina Hwy. 2050 Chevrier Blvd. 613 St. Mary's Rd.

Child name: _____
(First name) (Middle name) (Last Name)

Date of Birth (dd-mmm-yyyy): _____ **Gender:** M F

Residential address: _____
(Apt/building No. & Street, City, Province, Postal code)

Mother/Guardian name: _____
(First name) (Middle name) (Last Name)

Mother's Address: _____
(Apt/building No. & Street, City, Province, Postal code)

Mother's Phone No.: _____
(home) (work/daytime) (Cell)

Mother's Email: _____

Father/Guardian name: _____
(First name) (Middle name) (Last Name)

Father's Address: _____
(Apt/building No. & Street, City, Province, Postal code)

Father's Phone No.: _____
(home) (work/daytime) (Cell)

Father's Email: _____

Alternate pickup Authorization (other than parent/guardian)

1. Name: _____ Relationship: _____

Phone No.: _____
(home) (work/daytime) (Cell)

2. Name: _____ Relationship: _____

Phone No.: _____
(home) (work/daytime) (Cell)

Child Medical Information

Manitoba Health Services Commission Registration Numbers:

(Manitoba health Registration Number, 6 digits) (Personal Identification Number (9 digits))

Any medical allergies: _____

Other medical concerns: _____

If child has other medical conditions please explain below:

Name and details of the condition(s)/allergy: _____

Symptoms: _____

Triggers of the condition or allergy, and management plan: _____

Dosage requirements if medication is necessary: _____

Medical Release: I give the permission to Nova Montessori Preschool to seek emergency medical assistance and act on my behalf of my child if the parents/guardians or authorized emergency contact person cannot be contacted.

Parent(s)/Guardian signature

Date(dd-mmm-yyyy)

Waiver, Release Acknowledgement of Risk, and Conditions of Enrollment

I also understand that injuries can arise by accident from the very nature of camp activities, and I hereby release and waive all rights to any claim or action against the Nova Montessori Preschool Inc. arising from injury, loss or damage to my child or to my child's property except where such injury, loss or damage is caused by the negligence of the school.

Parent(s)/Guardian signature

Date(dd-mmm-yyyy)

Transportation Policy

Nova Montessori does not provide transportation to or from school. It is the sole responsibility of parents to transport their child to and from school for the regular daily program. At the event of field trips special transportation are arranged by the school with the consent of the parents/guardian.

Nova Montessori Preschool needs the consent of the parents/guardian to take their children for walking trips in the neighbourhood.

Authorization for walking trips

I, (name of parent) _____ will permit staff of the Nova Montessori Preschool to take my child, (name of child) _____ for walking trips in the neighbourhood.

Parent(s)/Guardian signature

Date(dd-mmm-yyyy)