**2025 Kindervalley Montessori Academy Summer Camp Registration Form**

|  |  |
| --- | --- |
| Child’s name |  |
| Child’s DOB |  |
| Parent’s information | Address: |
|  | Contact Number: |
|  | Emergency Contact Phone Numbers: 1. |
|  | 2. |
| Preferred participation month(s) | July (   )            August (        )    Both Months (          ) |
| Meal plan | July:  Yes ( ) No (  )   ,           August :  Yes(  )   No (  ) |
| Total cost | Summer camp fee: $566.25   plus Meal plan (Optional) |
| Parent (Guardian) Signature | \_\_\_\_\_\_\_\_\_\_\_\_                      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* If your child is **not** a current KMA’ s student, please send us the summer camp fee(s) with an e-transfer or Cheque -to [***info@kindervalleyacademy.com***](mailto:info@kindervalleyacademy.com)
* If your child is **not** a current KMA student, please submit the below: (contact the school office for the required forms)

1. Updated immunization record
2. Medical form
3. Accident waiver form (Please ask office staff)
4. Field trip consent form (Please ask office staff)

***\*\*\*\*\*Please note: If you cancel your child’s summer camp registration within 30 days from July 2nd, the summer camp fee(s) will not be refunded. \*\*\*\****

* If your child is **a current KMA student**:

Field trip consent forms will be submitted a week prior to the trip from the class.