



Trafalgar Ridge  
Montessori School

2022 Fun in the Sun CAMP REGISTRATION FORM  
July 4 – August 5, 2022

Student First Name / Last Name	Date of birth DD/MM/YY Must be 4 by July 5 <sup>th</sup> 2022	Current Grade level JK/SK/1,2,3
1-		
2-		
3-		

5 weeks attendance is mandatory.  An optional catered meal program is available through LUNCH LADY at an additional cost payable directly to them.	# of Students participating	1- Cost per student	2- Pizza Wednesday 1 slice \$12.50 2 slices \$25.00	Total Cost of Pizza	Total Due Items 1 + 2
	X	\$1,625.00	X ___ slices X ___ students	\$	\$
<b>Field Trips</b> (will be reimbursed if we cannot offer them due to Covid)	X	\$125.00			\$
<b>Total Fees DUE</b>					<b>\$</b>
<b>FEES PAID</b>					
<b>TRMS STUDENTS – Deposit</b> \$500.00 Per student x _____		<input type="checkbox"/> chq# _____	<input type="checkbox"/> e-transfer # _____	\$ _____ .00	
<b>TRMS STUDENTS - Balance of Fees due JUNE 1st, 2022</b>		<input type="checkbox"/> chq# _____	<input type="checkbox"/> e-transfer # _____	\$ _____ .00	
<b>NEW OR NON-TRMS CURRENT STUDENTS</b> All fees due with registration		<input type="checkbox"/> chq# _____	<input type="checkbox"/> e-transfer # _____	\$ _____ .00	

**FEES: I AGREE TO PAY THE ABOVE NOTED 2021 CAMP FEES and I UNDERSTAND NO PORTION OF SUCH FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENTEEISM OR WITHDRAWAL FROM THE TRMS 2021 SUMMER CAMP PROGRAM AFTER REGISTRATION HAS BEEN SUBMITTED. I UNDERSTAND THAT IN THE EVENT OF A MANDATED GOVERNMENTAL SCHOOL CLOSURE DUE TO THE COVID-19 PANDEMIC EITHER PRIOR TO OR ONCE CAMP HAS COMMENCED FEES FOR THE UNUSED DAYS IN ATTENDANCE WILL BE REIMBURSED BY TRMS. E-LEARNING WILL NOT BE PROVIDED IN LIEU OF CAMP. IF THE CAMP HAS COMMENCED AND THE SCHOOL NEEDS TO CLOSE DUE TO A COVID OUTBREAK WITHIN A COHORT THE SCHOOL WILL CLOSE FOR THE MANDATED PERIOD AND REOPEN ONCE PERMITTED TO DO SO. A \$100.00 ADMINISTRATION FEE WILL BE APPLIED TO ALL REGISTRATIONS AND THE BALANCE OF FEES WILL BE REIMBURSED ON A PRO-RATED BASIS FOR THE DAYS OF CLOSURE. IF MY CHILD(REN) FALLS ILL (DUE TO COVID OR ANY OTHER ILLNESSES) DURING THE PROGRAM NO-REIMBURSEMENT WILL BE ISSUED AND MY CHILD CAN RESUME ATTENDANCE ONCE THEY HAVE FOLLOWED THE COVID PERIODS OF EXCLUSION AND ARE WELL ENOUGH TO RESUME ATTENDANCE IN THE CAMP PROGRAM.**

I hereby authorize my child(ren) to participate on the offsite field trips (pending COVID-19 restrictions) and on local nature walks within the school's neighbourhood. I understand that I will be informed the details of field trips via email prior to the event and will be invoiced for the field trip entrance and busing fees accordingly.

Signature of Parent/ Guardian \_\_\_\_\_ Dated \_\_\_\_\_ (dd) \_\_\_\_\_ (mm), 2022

<p><b>Interact E-transfer PAYMENT PLAN</b></p> <p><b>Parent/ Guardian Information:</b> First &amp; Last Name _____</p> <p>Email _____ used to contact you for Interact E-transfer payment</p> <p>Confidential Password used for Interact E-transfer _____</p>
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