



2019 Bilingual Summer Day Camp

*Developing Strong Minds, Strong Bodies and Strong Character
In English and In French*

- ✓ Seven weekly themed sessions that incorporate sports, arts, science, character education, cooking, music and dance ... all while **introducing or strengthening** French skills
- ✓ **Early bird discount when registering before April 30 - save \$50.00 per week! 1 week payment required at registration**
- ✓ Bilingual academic mornings, fun-filled afternoons
- ✓ Activities & lessons take place inside and outside the classroom
- ✓ Before and After Care available – 7:30am to 6:00pm
- ✓ Daily Phys Ed and Outdoor Play.
- ✓ Lunch and 2 snacks included daily.
- ✓ Conveniently located near Ajax GO, Pickering, Kingston/Hwy 2



Emerson Academy is Durham Region's Only Fully Bilingual Montessori and French Immersion Private School

For more info and to register, visit emersonacademy.ca, or contact Head of School, Nicole Ngoya-Youngue | 647-292-1302 | founders@emersonacademy.ca

WEEKLY THEMES

Week 1 - July 8 Superheroes & Girl Power

Week 2 - July 15: Planes, Trains and Automobiles

Week 3 – July 22: Nature's Little Explorers

Week 4 - July 29 : Dinosaurs

Week 5 – August 6: Space Camp

Week 6 – August 12: Construction/Little Lego Master Builders

Week 7 - August 19: Pirate Camp



Emerson Academy Summer Day Camp Registration Form



PLEASE CLEARLY PRINT INFORMATION REQUESTED ON BOTH PAGES OF THIS FORM AND RETURN TO EMERSON ACADEMY BY EMAIL OR IN PERSON TO SECURE YOUR SPOT FOR 2019 SUMMER SESSIONS.

PART A: CAMPER INFORMATION

Camper First Name Last Name Birth Date MM/DD/YY Age Gender

Camper will be picked up primarily by: Camper Health Card Number

PART B: PARENT/GUARDIAN INFORMATION

Home Phone Email

Parent 1 First Name Last Name Cell Phone Business Phone

Parent 2 First Name Last Name Cell Phone Business Phone

Family Address Apt/Unit City/town Postal Code

Family Income \$50,000 or less \$50,001-75,000 75,001-100,000 \$100,001-\$150,000 \$150,001-\$200,000 \$200,000+

PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Parent/Guardian will be allowed to pick up camper

1 First Name Last Name Cell Phone Business Phone Relationship to Camper

2 First Name Last Name Cell Phone Business Phone Relationship to Camper

PART D: REGISTRATION- Please select Sessions Attending AND Frequency (3 days per week OR 5 days per week)

Session #	Dates	Full-Time Weekly(Mon-Fri) Cost	Part-Time 3-Day (T-W-Th) Cost	Total
1 <input type="checkbox"/>	July 8-12	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____
2 <input type="checkbox"/>	July 15-19	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____
3 <input type="checkbox"/>	July 22-26	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____

TOTAL AMOUNT TO BE WITHDRAWN BY PRE-AUTHORIZED DEBIT OR ETRANSFER ON JULY 1, 2019 \$ _____

4 <input type="checkbox"/>	July 29-Aug 2	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____
5 <input type="checkbox"/>	August 6-9	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____
6 <input type="checkbox"/>	August 12-16	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____
7 <input type="checkbox"/>	August 19-23	<input type="checkbox"/> \$ 315	<input type="checkbox"/> \$ 215	\$ _____

TOTAL AMOUNT TO BE WITHDRAWN BY PRE-AUTHORIZED DEBIT OR ETRANSFER ON AUGUST 1, 2019 \$ _____

PLEASE NOTE THAT SUMMER CAMP FEES ARE NON-REFUNDABLE



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BEFORE & AFTER CARE

I will require before and/or after care for my child between the hours of 8am and 6pm :

YES NO If yes, please specify days of the week and times: _____

WAIVERS, DISCLAIMERS & CONSENT

Medical

Does your child have special needs, medical conditions or other concerns you would like us to know about: YES NO

If yes, please specify below and provide any medication to Head of School on the first day of each session of camp (specify if your child carries an epipen and please ask for a medical form if your child requires daily medication or has severe allergies) -

Please list any allergies or dietary restrictions your child may have here:

Childs Doctor – Name: _____ Phone: _____

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of Emerson Academy and **consent to any necessary first aid or emergency medical treatment being given** or provided for the child. I also waive any claims against Emerson Academy, the sponsors of said programs, or any of the Emerson Academy representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with, the programs and services of Emerson Academy. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Photography, Media Release & Waivers:

I the parent/guardian of the child named above, hereby give Emerson Academy and its partners and affiliates consent to use and reproduce my child's image for promotional purposes. My child's image may be published or used in newspapers, promotional videos, program brochures, posters, on the World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Emerson Academy. I release Emerson Academy and its agents from any and all claims or vetting privileges of any nature, based on any uses of the above. **At no point will my child's image be used for any other purpose or sold to any third party**

Authorization for Field Trips

I give permission for my child to leave the premises of Emerson Academy to participate in short walking trips, weather permitting, to and from local parks, libraries and playgrounds. I give permission to the staff of Emerson Academy to take my child on all walking trips conducted throughout the sessions for which she/he is registered. I understand that my child will be escorted and supervised by the staff at Emerson Academy while participating in these activities

Code of Conduct

I, the parent/guardian of the child named above, have read the code of conduct and have reviewed it with my child.

Parent/Guardian Signature

Date





Code of Conduct

At Emerson Academy, each child is respected as a unique individual. As educators, our role is to help children develop and maintain a high self-esteem while facilitating a positive learning environment inside and outside of the Montessori classroom.

Our school's **code of conduct** holds that Emerson Academy educators, students and campers alike are all expected and encouraged to

- be honest, fair, polite and responsible
- help others, and make the school a safe and positive and inviting place for all.
- look after their possessions, other individuals' possessions, and the school's possessions with care and attention.
- communicate feelings effectively - never using aggressive words or behaviours
- take the time to address difficult situations or difficult individuals in a positive manner, and to involve a teacher/staff member to help discuss the issue or concern in order to resolve the situation amicably where necessary.

Every staff member makes a conscious effort to focus on the positive side of discipline. Our disciplinary practices are based on empathy and respect for children and their parents. School administration and/or the Head of School will become involved when major disciplinary action is required as a result of repeated or severe breaches of the code of conduct. In such cases, there may be consultation with Emerson Academy faculty/staff, parents/guardians or other students, as deemed necessary. In all cases, procedural fairness will be exercised, but at no time will derogatory language, inappropriate behavior, or aggressive acts by any parent, child or staff member be tolerated.