



Application for Admission
SUMMER CAMP Program
 Charlottetown Stratford
 (3 to 12 year old program)

For office use only
 Application Rec'd / / .
 Weekly Fee Rec'd / / .

Note: Please answer our application the best of your ability.
 If you have any questions or concerns regarding this application, please contact an IMA representative.

Please Print

Student Name _____

Birth Date _____

Surname

Full given names

Day/Month /Year

Prefer “ “

Address _____

Home Phone _____

Applicant Lives With:

Both Parents Parent 1 Only Parent 2 Only Shared Custody
 Guardian

Emergency Name and Telephone Number
 (If unable to reach parents)

Name _____
 Telephone _____
 Relationship _____

Parent 1 / Guardian

Name _____
 Title _____
 Email _____
 Name of Firm _____
 Business Address _____

 Business Phone _____
 Cell Phone _____
 Nature of Business _____

Parent 2 / Guardian

Name _____
 Title _____
 Email _____
 Name of Firm _____
 Business Address _____

 Business Phone _____
 Cell Phone _____
 Nature of Business _____

I give permission for my child's image (picture taken by IMA) for TV video production (in-house only)
 I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website

How did you hear about our IMA programs? _____

Medical Information

Health Card Number: _____
Doctor: _____
Address: _____
Phone: _____

Toilet Trained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any physical restrictions and particulars of child's health that should be noted.		
Allergies	_____	
Epipen Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please complete an Epipen form		

Terms of Admission

1. Children are accepted into Summer Camp at 3 years of age. **Children must be toilet trained** (able to look after their toilet needs).
2. IMA reserves the right to accept or reject this application and also to request the withdrawal of any child if, in the opinion of the Head Directress, this action is deemed prudent.
3. IMA reserves the right to make such rules and regulations in the operation of the Academy, as it deems appropriate, and it is a condition of attendance that these rules and regulations be observed.
4. Fees are non-refundable and ensures your child's place in our summer program.
5. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
6. Summer Camp Program is "Full Day" starts at 8:30 am to 5:30.
7. Please provide nutritious lunches and 2 snacks per day Monday to Thursday. Friday Pizza lunch is provided but please provide 2 snacks. Utensils and water bottle must be packed daily.
8. Any questions can be addressed to Camp Staff. If unable to answer, they will be in contact with the Administration office.
9. Please be sure to send children daily with appropriate clothing (hats, boots and outside coat), indoor shoes, sunscreen, and a change of clothes.
10. IMA requires all parents to treat the staff, children and other parents with respect and dignity at all times. Parents are required to sign and adhere to our IMA Respect Policy.

I/We have read and understand the Terms of Admission.

Dated this _____ day of _____, 20 ____.

Signature of Parent 1/Guardian

Signature of Parent
2/Guardian

Print Name of Parent 1/Guardian

Print Name of Parent
2/Guardian

Attendance Options:	<u>\$200.00 per week paid in advance.</u>
<input type="checkbox"/>	July 5-9
<input type="checkbox"/>	July 12-16
<input type="checkbox"/>	July 19 -23
<input type="checkbox"/>	July 23-30
<input type="checkbox"/>	August 2-6
<input type="checkbox"/>	August 9-13
<input type="checkbox"/>	August 16-19 (fee reduction for this 4 day week to \$160)
<input type="checkbox"/>	August 23-27
No partial weeks offered, space is guaranteed with payment in full.	

Child Profile

Please PRINT with as much detail as possible and include a recent photograph of your child -TO BE RETURNED WITH APPLICATION

Name of Child _____ Every day Name _____

Birth Date / / .
dd mm yr

Toilet Trained: Yes No

Address _____

Phone Numbers: Parent 1 _____ Parent 2 _____ Emergency Name _____
home _____ work _____ work _____ number _____
cell _____ cell _____ cell _____

Allergies _____
(be very specific)

How would you describe your child's demeanor? _____

How would you describe your child's personality and learning style? _____

Home environment:

Names and DOB of siblings: _____

Care givers / Nannies: _____

Camp experiences: _____

Language(s) spoken/written at home: _____

Do you read to your child? _____

Typical family activities: _____

Religious affiliation: _____
(optional-for celebration purposes only)

Sleeping habits: _____

Special considerations (please give details): _____

Eating habits / dietary concerns: _____

People authorized to pick up your child: _____
(use back if additional space is required) _____

Parent 1 / Guardian Signature

Parent 2 / Guardian Signature

(April 20)