## Casa Vista Montessori Summer School/Camp 2017

Address: Kakad Estate, Ground Floor, Plot # 106, Dr.R.G.Thadani Road, Worli, Mumbai - 400018 Contact No: 9820963632

## Summer camp details:

- 1. Batch timings 11am-12:30pm
- 2. Cost Rs. 6000/- for two weeks
- 3. Registration dates between 23rd February 3rd March
- 4. All payments to be made before 3rd March
- 5. Should you wish to continue the summer camp post the two weeks kindly give a week's notice.
- 6. You need to download the registration form on www.casavistamontessori.in/events.html or you can visit our school for the same.
- 7. Field excursions will be informed prior hand.
- 8. Be rest assured that your child will be engaged in meaningful activities through the course of this summer camp.

| Summer camp form | Su | mm | er | camp | form |
|------------------|----|----|----|------|------|
|------------------|----|----|----|------|------|

| Summer camp form :  |  |  |  |  |  |
|---|--|--|--|--|--|
| Information of the child -  |  |  |  |  |  |
| Name :  |  |  |  |  |  |
| Name:   |  |  |  |  |  |
| Date of Birth :   |  |  |  |  |  |
| Condon t Molo / Formula   |  |  |  |  |  |
| Gender: Male / Female   |  |  |  |  |  |
| Home address :  |  |  |  |  |  |
| Mother's contact no :   |  |  |  |  |  |
| Mother's contact no :   |  |  |  |  |  |
| Father's contact no :   |  |  |  |  |  |
| Landline number :   |  |  |  |  |  |
| Landine number:   |  |  |  |  |  |
| Name & Phone No. of the person authorised to pick up your child -   |  |  |  |  |  |
| Name : Phone no :   |  |  |  |  |  |
| Name:   |  |  |  |  |  |
| Toilet trained : Yes / No   |  |  |  |  |  |
| Allergies / Medical History :   |  |  |  |  |  |
| Allergies / Medical History .   |  |  |  |  |  |
| I would like to join the summer camp for : 2 weeks / 4 weeks / 6 weeks / 8 weeks  |  |  |  |  |  |
| Informed Consent and Acknowledgement:   |  |  |  |  |  |
|   |  |  |  |  |  |
| To be completed by parent or guardian I,  |  |  |  |  |  |
| hereby give my approval for my child's participation in any and all activities (including field trips) prepared by Cass Vista Montessori for its summer camp. |  |  |  |  |  |
| Cass vista Pioneesson for its summer camp.  |  |  |  |  |  |
|   |  |  |  |  |  |
| I HAVE READ THIS ACKNOWLEDGEMENT, I UNDERSTAND AND ACCEPT IT  |  |  |  |  |  |
| Date :  |  |  |  |  |  |
|   |  |  |  |  |  |
| Child's name :  |  |  |  |  |  |
| Parent's/Guardian's signature:  |  |  |  |  |  |
| rarent sy duardian's signature.   |  |  |  |  |  |