

Yip's Canada 2024 Summer Program Application Form

Name: _____ Chinese Name: _____

Gender: F / M Age: _____ DOB: _____
MM / DD / YYYY

Address: _____

Postal Code: _____ Allergies: _____

Parent or Guardian: _____ Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

TERM	DATE	CAMP	FULL / HALF	FEE

PM Session (circle one): Cantonese / Mandarin

Kindergarten: Nap / No Nap

FOR OFFICE USE ONLY

Cheque #: _____

Cheque Date: _____

Cash: _____ Receipt #: _____

E-Transfer #: _____

Handled By: _____

Date: _____
MM / DD / YYYY

Subtotal: _____

Discount for 2nd Term & up*: _____

Material Fee (\$25/T-FD & \$15/T-HD): _____

Lunch Fee (\$7 per meal): _____

Morning Care 7:15am (\$10/Day) 8:00am (\$6/Day) _____

Aftercare 5:00pm (\$6/Day) 6:30pm (\$10/Day) _____

Grand Total: _____

A 5% discount will apply to the 2nd term (full term) & up if registration is done at the same time.

Waiver and Release

Participant's Name: _____

Guardian's Name: _____

Event: Sports, Outdoor Activities, Field Trip & Photo

In consideration of the acceptance of the above entry in Yip's Music & Montessori Elementary Private School, of whom I am the legal guardian, and the permission to participate in the outdoor programs organized by Yip's Music & Montessori Elementary Private School. I hereby waive and forever discharge the Yip's Music & Montessori Elementary Private School, the sponsors, representatives, their agents, officers, employees and any other person or organization assisting in the event from all claims, damages, costs and expenses in respect to damages or injury suffered by my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held (i.e. sports & outdoor activities & field trips).

I acknowledge and agree that the Yip's Music & Montessori Elementary Private School may use photographs of the participants therein for internal promotional purposes.

Guardian's Signature

Date

Witness