



Meadow Green Academy

649 Queensway W, Mississauga, Ontario L5B 1C2
Phone: 905-273-3344 Email: meadowgreen1@hotmail.com
Fax: 905-273-4329 Website: www.meadowgreenacademy.ca

Application for Summer Camp 2017

Student Name _____
Surname Given Names

Date of Birth _____ **Male** **Female**
Day/Month/Year

Grade Level Completed in Spring of 2016 _____

Week: June 26-June 30 July 4-7 (*4 days) July 10-14 July 17-21

July 24-28 July 31 to August 4 August 8-11 (*4 days) August 14-18

in the Before Care program

in the After Care program

Personal Information

Father's Name _____

Home Address _____

City/Province _____ Postal Code _____

Home Phone _____ Cellular Phone _____

Business/Occupation _____

Business Phone _____ Email Address _____

Mother's Name _____

Home Address _____

City/Province _____ Postal Code _____

Home Phone _____ Cellular Phone _____

Business/Occupation _____

Business Phone _____ Email Address _____

Siblings (names and ages) _____

School History

Present School _____ Years Attended _____

School Address _____

City/Province _____ Postal Code _____

Principal _____ Telephone _____

Teacher(s) _____

Medical History

Physician _____ Telephone _____

Health Card Number _____

Has your child ever had his/her eyes tested by a vision specialist? _____

Has your child ever had his/her hearing tested? _____

Does your child have any specific medical problems? _____

Does your child have any allergies? _____

If yes, please list and briefly explain your child's allergic reactions. _____

Is your child receiving any medication? _____

Reasons? Side effects? _____

Is it necessary for staff to administer this medication? _____

Who may we contact in case of an emergency?

Name _____ Relationship _____

Home Phone _____ Business Phone _____

Academic Skills

Language Arts:

Oral Reading _____

Reading Comprehension _____

Creative Writing _____

Spelling/Word Development _____

Math:

Computations _____

Word Problems _____

Other Math Skills _____

List any other academic concerns: _____

What are your child's favourite sports? _____

How did you hear about Meadow Green Academy? _____

I/we understand that Meadow Green Academy is a Christian school and that all students will participate in religious lessons and/or discussions.

I hereby give permission to have the staff arrange for any emergency medical care, including hospitalization if necessary. In all instances, attempts will be made to contact the parent first. The participant is responsible for his/her medical coverage. I hereby release Meadow Green Academy and its staff from all claims arising from participation in any activity associated with Meadow Green Academy.

I/We acknowledge that from time to time Meadow Green Academy will produce promotional material with a view to providing information to prospective students and parents of Meadow Green Academy. Those promotional materials may on occasion include pictures of students presently attending Meadow Green Academy including our child. We hereby give our permission to use any such picture in the promotional materials as referred to herein by Meadow Green Academy.

I understand that my child will be transported by school bus or take various walking trips off the school property for short excursions within the community.

Signature of Parent/Guardian _____ Date _____

Please enclose the following:

- copy of birth certificate
- copy of immunization record
- final two report cards
- payment (cash or cheque payable to Meadow Green Academy)