



# Meadow Green Academy

649 Queensway W, Mississauga, Ontario L5B 1C2  
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## Application for Summer Camp 2022

**Student Name** \_\_\_\_\_  
Surname Given Names

**Date of Birth** \_\_\_\_\_ **Male**  **Female**   
Day/Month/Year

**Grade Level Completed in Spring of 2022** \_\_\_\_\_

Week: June 27-June 30 (\*4 days)  July 4-8  July 11-15  July 18-22   
July 25-29  August 2-5 (\*4 days)  August 8-12  August 15-19   
 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)