



J. Addison School

2019 SUMMER 2-IN-1 PROGRAM

For Ages 4 TO 12 (JK TO GR.6)

REGISTRATION WILL NOT BE ACCEPTED UNLESS THIS FORM HAS BEEN COMPLETED ENTIRELY

STUDENT INFORMATION				
STUDENT GIVEN NAME		STUDENT SURNAME		
OTHER ENGLISH NAME	DATE OF BIRTH	AGE	AGE BY SEPTEMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F
HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	COUNTRY
HOME PHONE NUMBER	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDY PERMIT <input type="checkbox"/> TRAVEL VISA <input type="checkbox"/> OTHER _____			
CURRENT SCHOOL ATTENDING		GRADE COMPLETED BY JUNE	COUNTRY	
SCHOOL ADDRESS		CITY	PROVINCE	POSTAL CODE

FAMILY INFORMATION - PARENT/GUARDIAN 1 - ENGLISH SPEAKER <input type="checkbox"/> YES <input type="checkbox"/> NO		
GIVEN NAME	SURNAME	
RELATION TO CHILD	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	
AUTHORIZATION TO PICK UP THE CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDES WITH CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2

FAMILY INFORMATION - PARENT/GUARDIAN 2 - ENGLISH SPEAKER <input type="checkbox"/> YES <input type="checkbox"/> NO		
GIVEN NAME	SURNAME	
RELATION TO CHILD	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	
AUTHORIZATION TO PICK UP THE CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDES WITH CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2

EMERGENCY CONTACT PERSON (IF THE ABOVE CANNOT BE REACHED)		
GIVEN NAME	SURNAME	
RELATION TO CHILD	WORK PHONE NUMBER	MOBILE PHONE NUMBER
WORK EMAIL ADDRESS	PERSONAL EMAIL ADDRESS	
AUTHORIZATION TO PICK UP THE CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDES WITH CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE PROVIDE ALL OTHER PEOPLE AUTHORIZED TO PICK UP YOUR CHILD			
GIVEN NAME	SURNAME	GIVEN NAME	SURNAME
WORK PHONE NUMBER	MOBILE PHONE NUMBER	WORK PHONE NUMBER	MOBILE PHONE NUMBER
PERSONAL EMAIL ADDRESS		PERSONAL EMAIL ADDRESS	
WORK EMAIL ADDRESS		WORK EMAIL ADDRESS	



J. Addison School

MEDICAL INFORMATION			
HEALTH CARD NUMBER	FAMILY DOCTOR	DOCTOR'S PHONE NUMBER	ARE IMMUNIZATIONS UP-TO-DATE <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE THERE ANY BEHAVIORAL ISSUES/SPECIALS NEEDS THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE PROVIDE DETAILS (WE RESERVE THE RIGHT TO DENY ENTRY TO PROGRAM SHOULD THE CHILD REQUIRE ACCOMMODATIONS THAT THE SCHOOL CANNOT PROVIDE WHICH WOULD AFFECT THEIR SAFETY)			
PLEASE REVIEW THE LIST AND CHECKMARK ANY CONDITIONS THAT APPLY TO YOUR CHILD:			
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ECZEMA	<input type="checkbox"/> EPILEPSY
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> HAY FEVER	<input type="checkbox"/> HEPATITIS
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> SKIN PROBLEMS	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> URINARY PROBLEMS
<input type="checkbox"/> ADHD	<input type="checkbox"/> FREQUENT NOSEBLEEDS		
<input type="checkbox"/> OTHER CONDITIONS (PLEASE SPECIFY):	<input type="checkbox"/> HEARING PROBLEMS		
<input type="checkbox"/> VISION PROBLEMS			
ARE THERE ANY ALLERGIES OR FOOD ALLERGIES THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			EPI PIN REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LIST ALL ALLERGIES/FOOD ALLERGIES			

DIETARY/FOOD RESTRICTIONS *PLEASE NOTE THAT FOR EXTREME DIETARY FOOD CONDITIONS, MEAL PLAN IS NOT AVAILABLE
ARE THERE ANY FOODS YOUR CHILD SHOULD NOT EAT FOR MEDICAL, DIETARY, OR RELIGIOUS REASONS THAT SHOULD BE DISCLOSED TO THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES PLEASE LIST ANY FOODS YOUR CHILD SHOULD NOT EAT:

MEDICATIONS	
PLEASE LIST ALL MEDICATIONS TAKEN ROUTINELY (INCLUDING OVER-THE COUNTER AND PRESCRIPTION PRODUCTS AND WHETHER TAKEN BY MOUTH, ON SKIN, IN EYES, ETC.).	
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE
NAME OF MEDICATION	DOSAGE

MEDICATION NOT INDICATED ON THIS FORM THAT PARENTS WOULD LIKE J. ADDISON STAFF TO ADMINISTER TO THEIR CHILD MUST BE SEPARATELY AUTHORIZED IN WRITING WITH DETAILS PERTAINING TO INSTRUCTIONS, DOSAGE AND TIMES (FORM A-5).

***PLEASE BE ADVISED THAT FAILURE TO DISCLOSE OR PROVIDING FALSE MEDICAL INFORMATION REGARDING MEDICAL CONDITIONS OR PRESCRIPTION MEDICATIONS MAY RESULT IN WITHDRAWAL FROM OUR SCHOOL PROGRAMS, AND THE STUDENT WILL BE RETURNED HOME TO BE IN THE CARE OF THEIR PARENTS.**

MEDICAL WAIVER						
I understand that in the event of an accident or illness occurring to my child, J. Addison School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give J. Addison School authority to act on my behalf to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:						
<table border="0"> <tr> <td>1. Attempt to contact the child's physician</td> <td>4. Call an ambulance</td> </tr> <tr> <td>2. Attempt to contact the emergency contact</td> <td>5. Have the child taken to the emergency department of a hospital, in the company of a staff member of J. Addison School</td> </tr> <tr> <td>3. Call another physician</td> <td></td> </tr> </table>	1. Attempt to contact the child's physician	4. Call an ambulance	2. Attempt to contact the emergency contact	5. Have the child taken to the emergency department of a hospital, in the company of a staff member of J. Addison School	3. Call another physician	
1. Attempt to contact the child's physician	4. Call an ambulance					
2. Attempt to contact the emergency contact	5. Have the child taken to the emergency department of a hospital, in the company of a staff member of J. Addison School					
3. Call another physician						
Any expenses incurred relating to the circumstances listed above will be the responsibility of the child's family.						
I hereby grant permission for the on call school physician, principal, or headmaster of J. Addison School to sign operative and anesthesia permits for the student applicant as thought necessary by a physician or surgeon. I authorize first aid measures by the best qualified person on hand at the time of any emergency. I hereby waive any claims against anyone administering first aid. I understand the school will make all possible efforts to reach me prior to any treatment or surgery.						

CODE OF BEHAVIOUR
<ol style="list-style-type: none"> Students must be respectful to the program supervisors and their peers at all times. Students must be respectful of school materials and the facility. No verbal or physical harassment will be accepted under any circumstances. Students should bring energy and a positive attitude each day they participate in our program.



J. Addison School

PERMISSION TO PARTICIPATE IN SCHOOL TRIPS

I give permission for my child to take part in scheduled out-of-school events and activities.

MEDIA WAIVER

I authorize my child's photograph/video/voice/name to be used for school activities and school purposes only (including school promotional materials in print, all forms of digital media as well as on-line, including social media marketing purposes).

LUNCH PROGRAM

MONDAY - THURSDAY: Hot Meals; Friday Field Trips: Sandwiches/hot dog etc. J. Addison School reserves the right to refuse or terminate any meal plan without notice. Unused portions of a meal plan fee may be refunded. We cannot accommodate students on the meal plan who have allergies or special dietary needs. Please allow 5 business days to process meal plans; meal plans start on Mondays only.

PRIVACY STATEMENT

J. Addison School is committed to protecting the privacy of its students and families. Personal information is not sold, leased or traded with other organizations and will not be disclosed except in accordance with school identified purposes or unless permitted or required by law. Personal information collected on this form is used to ensure the safety of your child while attending our school, to determine the medical and dietary needs of the child and in the event of a health concern requiring emergency treatment. By signing this form, you give J. Addison School your consent to collect, use and/or disclose your personal information and the information of your child for all school related operations.

PAYMENT AND TERMS

I understand that all fees paid are non-refundable, non-transferable and subject to change without notice. Full payment is due upon registration. Any request on changes of weeks, dates or times after registration will incur a \$20.00 administration fee per transaction. Please allow 5 business days to process your changes. No refunds on any differences or over-payments. No refunds will be issued for camp days missed for any reason. Please make your cheque payable to **J. Addison School Inc.**

A surcharge of **\$1.00** per minute will apply to students picked up after the pm extended care at 5:30pm. If you have not pre-purchased Extended Care Camp, daily fees are set at **\$10.00** for PM, and **\$20.00** for both extended care services, payable for each unplanned use.

Program changes due to registration or weather may be made at the school's discretion, without notice.

I, the undersigned, understand and agree that all payments, installments and deposits are non-refundable and non-transferable and subject to change without notice.

I hereby certify that all information contained on these forms are accurate and complete; J. Addison School will not be responsible for accidents or injuries that may arise as a result of incorrect or missing information given at the time of enrolment. It is the parent/guardian's responsibility to provide J. Addison staff with written notification of changes or new student information, including that of returning students.

I acknowledge that breaching of any school policies, procedures, rules and/or regulations (including updates that are made from time to time) may result in immediate cancellation of enrolment and forfeiture of any fees paid.

I also agree to release and indemnify J. Addison School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, or for any reason arising from participation in any school activities.

I understand that acceptance into a J. Addison School program will be based on availability and first-come first-serve basis. Should my application be denied, I agree to be placed on a waiting list. I understand that I will be notified at least 1 month (for local students) and at least 2 months (for international students) prior to the start of the program (if possible) to receive assistance from J. Addison School to seek an alternate program.

I, the undersigned, and the student named herein have read and understand all the above terms and conditions listed on this application form, and agree to abide by them.

PARENT/GUARDIAN INITIAL

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
GIVEN NAME	GIVEN NAME
SURNAME	SURNAME
SIGNATURE	SIGNATURE
DATE	DATE

HOW DID YOU HEAR ABOUT US?

- NEWSPAPER
 COMMUNITY GUIDEBOOK
 FLYER
 IN THE NEIGHBORHOOD
 ONLINE AD
 ONLINE SEARCH
 RADIO
 TV
 EDUCATION CONSULTANT/AGENCY (PLEASE PROVIDE NAME)
 FRIEND/RELATIVE (PLEASE PROVIDE NAME)
 CURRENT OR PREVIOUS JAS STUDENT AND FAMILY (PLEASE PROVIDE NAME)
 OTHER



J. Addison School

2019 SUMMER 2-IN-1 PROGRAM

STUDENT INFORMATION

STUDENT NAME _____

IF APPLICABLE, PLEASE INDICATE YOUR REQUEST FOR YOUR CHILD TO BE PLACED IN THE SAME CLASS AS ANOTHER STUDENT(S) *REQUESTS ARE NOT GUARANTEED

EARLY BIRD SPECIAL FOR FULL DAY CAMP - MUST RECEIVE REGISTRATION AND FULL PAYMENT BY MARCH 28, 2019³

FULL DAY CAMP (MONDAY TO FRIDAY) FRIDAY TRIP INCLUDED

	FULL DAY (9:00 AM - 4:00 PM)	FULL DAY EXTENDED CARE (8:00 AM - 5:30 PM)
ALL 7 WEEKS	<input type="checkbox"/> \$1,295 (Savings of \$455)	<input type="checkbox"/> \$1,520 (Savings of 545) ²
ANY 4 WEEKS	<input type="checkbox"/> \$790 (Savings of \$210)	<input type="checkbox"/> \$930 (Savings of \$250) ²
ANY 2 WEEKS	<input type="checkbox"/> 420 ⁴ ADDITIONAL WEEK <input type="checkbox"/> \$210	<input type="checkbox"/> \$490 ⁴ ADDITIONAL WEEK <input type="checkbox"/> \$245
AM/PM EXTENDED CARE	N/A	<input type="checkbox"/> AM (8:00 am - 9:00 am) <input type="checkbox"/> PM (4:00 pm - 5:30 pm) ²
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$10 per student	<input checked="" type="checkbox"/> \$10 per student
ADD: T-SHIRT	\$10 each Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$10 each Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
ADD: LUNCH PROGRAM (OPTIONAL)	<input type="checkbox"/> \$30/week ¹	<input type="checkbox"/> \$30/week ¹
TOTAL	\$	\$

FULL DAY SUMMER CAMP WEEKLY RATES (FOR REGISTRATIONS RECEIVED AFTER MARCH 28, 2019)^{3, 4}

	FULL DAY (9:00 AM - 4:00 PM)	FULL DAY EXTENDED CARE (8:00 AM - 5:30 PM)
MONDAY - FRIDAY	<input type="checkbox"/> \$250/wk ^{2, 4}	<input type="checkbox"/> \$295/week ^{2, 4}
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$10 per student	<input checked="" type="checkbox"/> \$10 per student
ADD: T-SHIRT	\$10 each Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$10 each Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
ADD: LUNCH PROGRAM (OPTIONAL)	<input type="checkbox"/> \$30/week ¹	<input type="checkbox"/> \$30/week ¹
TOTAL	\$	\$

OVERSEAS AND VISA STUDENTS - TRAVEL INSURANCE REQUIRED AT \$25/WEEK³

	FULL DAY (9:00 AM - 4:00 PM)	FULL DAY EXTENDED CARE (8:00 AM - 5:30 PM)
MONDAY - FRIDAY	<input type="checkbox"/> \$525/wk ^{2, 4}	<input type="checkbox"/> \$625/week ^{2, 4}
DAILY RATE MONDAY - THURSDAY	<input type="checkbox"/> \$125/day ²	<input type="checkbox"/> \$140/day ²
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$50 per student	<input checked="" type="checkbox"/> \$50 per student
ADD: T-SHIRT	\$10 each Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$10 each Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
ADD: LUNCH PROGRAM (OPTIONAL)	<input type="checkbox"/> \$30/week ¹ INSURANCE <input type="checkbox"/> \$25 x ____ wks	<input type="checkbox"/> \$30/week ¹ INSURANCE <input type="checkbox"/> \$25 x ____ wks
TOTAL	\$	\$

SELECT THE WEEKS YOUR CHILD WILL ATTEND (MINIMUM 2 WEEKS REGISTRATION REQUIRED)

JULY 8 - 12
 JULY 15 - 19
 JULY 22 - 26
 JULY 29 - AUG 2
 * AUG 6 - 9⁵
 AUG 12 - 16
 AUG 19 - 23

¹ **Lunch Program:** Monday - Thursday: Hot Meals; Friday Field Trips: Sandwiches/hot dog etc. J. Addison School reserves the right to refuse or terminate any meal plans without notice. Unused portions of a meal plan fee may be refunded. We cannot accommodate students on the meal plan who have allergies or special dietary needs. Please allow 5 business days to process meal plans; meal plans start on Mondays only. ² A surcharge of \$1 per minute will apply to students picked up after pm extended care at 5:30pm. If you have not per-purchased Extended Care, daily fees are set at \$10 for AM, \$10 for PM, and \$20 for both extended care services, payable for each unplanned use. ³ Any requests on changes of weeks, dates or times after registration will incur a \$20 administration fee per transaction. Please allow 5 business days to process your changes. No refunds on any differences or over payment. No refunds will be issued for days missed for any reason. ⁴ Minimum 2 weeks registration required. ⁵ No further discount on the week of August 6-9 (no school on the Civic Holiday).

OFFICE USE ONLY

AMOUNT PAID	PAID BY	RECEIPT #	STAFF INITIAL	DATE
\$	<input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHEQUE NO. _____			