



## J. Addison School

# 2021 Summer Academic Virtual Camp

For Ages 6 to 12 (GR.1 to GR.6) | MON - FRI 9:15am - 12:15pm

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	
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	
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	



# J. Addison School

## MEDICAL INFORMATION

ARE THERE ANY BEHAVIORAL ISSUES/SPECIALS NEEDS THAT SHOULD BE DISCLOSED TO OUR SCHOOL?

Yes  No

IF YES, PLEASE PROVIDE DETAILS (WE RESERVE THE RIGHT TO DENY ENTRY TO A PROGRAM SHOULD YOUR 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"/> FREQUENT NOSEBLEEDS |
| <input type="checkbox"/> HEART CONDITION                          | <input type="checkbox"/> HEADACHES     | <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> HEPATITIS        | <input type="checkbox"/> HEARING PROBLEMS    |
| <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"/> OTHER CONDITIONS (PLEASE SPECIFY): _____ |  |                                    |   |  |

## ALLERGIES/FOOD ALLERGIES

ARE THERE ANY ALLERGIES OR FOOD ALLERGIES THAT SHOULD BE DISCLOSED TO THE PROGRAM?

Yes  No

EPI PEN REQUIRED

Yes  No

PLEASE LIST ALL ALLERGIES/FOOD ALLERGIES

## 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:

- |   |  |
|---|--|
| 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

- 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.
- Students agree to adhere to all safety and security protocols which include COVID-19 prevention measures.
- All online students must abide by the online behaviour expectations listed in the Appendix (attached).

## MINIMUM TECHNICAL REQUIREMENTS

**In addition to a High Speed Internet connection, parents are responsible for the minimum technical requirements for students to join our virtual camp program:**

### HARDWARE REQUIREMENTS FOR TEAMS ON A WINDOWS PC

**Computer and Processor** - Computer and processor Minimum 1.6 GHz (or higher), 2 core

**Memory** - 4.0 GB RAM

**Hard Disk** - 1.5 GB of available disk space

**Display** - 1024 x 768 screen resolution

**Graphics Hardware** - Windows OS: Graphics hardware acceleration requires DirectX 9 or later, with WDDM 2.0 or higher for Windows 10 (or WDDM 1.3 or higher for Windows 10 Fall Creators Update)

**Operating System** - Windows 10, Windows 10 on ARM, Windows 8.1, Windows Server 2019, Windows Server 2016

**.NET Version** - Requires NET 4.5 CLR or later

**Video** - USB 2.0 video camera

**Devices** - Standard laptop camera, microphone and speakers

**Video Calls and Meetings** • Requires 2-core processor. For higher video/screen share resolution and frame rate, a 4-core processor or better is recommended.

- Background video effects require Windows 10 or a processor with AVX2 instruction set.
- See Hardware decoder and encoder driver recommendations for a list of unsupported decoders and encoders.
- Joining a meeting using proximity detection in a Microsoft Teams Room requires Bluetooth LE, which requires Bluetooth to be enabled on the client device, and for Windows clients it also requires the 64-bit Teams client.

### HARDWARE REQUIREMENTS FOR TEAMS ON A MAC

**Computer and Processor** - Intel Core Duo processor

**Memory** - 4.0 GB RAM

**Hard Disk** - 1.5 GB of available disk space

**Display** - 1280 x 800 or higher screen resolution

**Graphics Hardware** - Windows OS: Graphics hardware acceleration requires DirectX 9 or later, with WDDM 2.0 or higher for Windows 10 (or WDDM 1.3 or higher for Windows 10 Fall Creators Update)

**Operating System** - One of the three most recent versions of macOS. You can find information about the latest macOS versions, and how to upgrade your version of macOS, [here](#). For example, when a new version of macOS is released, the new version and the two immediately preceding it become the supported versions.

**Video** - Compatible webcam

**Voioce** - Compatible microphone and speakers, headset with microphone, or equivalent device

**Video Calls and Meetings** • Requires 2-core processor. For higher video/screen share resolution and frame rate, a 4-core processor or better is recommended.

- Joining a meeting using proximity detection in a Microsoft Teams Room is not available on macOS.



# J. Addison School

## 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).

## 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 per student. 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.

**COVID-19 Refund Policy for 2021:** Due to the extenuating circumstances caused by COVID-19, we are altering our refund policy to allow families to register without concerns of changing or withdrawing from our summer camp programs in 2021. Refund requests received by June 1, 2021 will be refunded completely with a \$10 cancellation fee to help cover administration fees. Requests received after June 1, 2021 will incur a \$25 cancellation fee. Full credit will be provided if the program fees are deferred for future use. Should there be a government-imposed school or program closure, program continuance online or refund will be available for the unused portion of fees.

Program changes due to registration, weather, etc. may be made at the school's discretion, without notice. Should any unforeseen circumstances arise which are beyond our control, including but not limited to: acts of God, riots, war, terrorist acts, epidemic, pandemic, quarantine, civil commotion, breakdown of communication facilities, breakdown of web host, breakdown of internet service provider, natural catastrophes, governmental acts or omissions, changes in laws or regulations, national strikes, fire, explosion, accidents, generalized lack of availability of raw materials or energy, etc. J. Addison School reserves the right to make changes to our programs (i.e. academic and dormitory arrangements, cancellations or re-scheduling of programs as deemed necessary, acceptance or admission to J. Addison School's programs or the deferral thereof and access to J. Addison School's premises and facilities), without any liability, whatsoever.

J. Addison School is not responsible for omissions, printing and/or presentation errors which may be contained in brochures, internet sites, or in any other form of media where such information may be presented; we reserve the right to make corrections as required.

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 enrollment 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 J. Addison School programs.

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, including the Appendix to 2021 Summer Academic Virtual Camp, 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

## 2021 Summer Academic Virtual Camp

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 - MUST RECEIVE REGISTRATION AND FULL PAYMENT BY MARCH 31, 2021**

HALF DAY CAMP (MONDAY TO FRIDAY)* <sup>1,2</sup>			
	(9:15 AM - 12:15 PM)	Amount	
ALL 7 WEEKS	<input type="checkbox"/> \$945		
ANY 4 CONSECUTIVE WEEKS	<input type="checkbox"/> \$565		
ADDITIONAL WEEKS	<input type="checkbox"/> \$150/wk x __ Week(s)		
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$10 per Domestic student <input checked="" type="checkbox"/> \$50 per International student		
<b>TOTAL</b>			

**HALF DAY SUMMER CAMP WEEKLY RATES (FOR REGISTRATIONS RECEIVED AFTER MARCH 31, 2021)\*<sup>1,2</sup>**

	(9:15 AM - 12:15 PM)	Amount	
MONDAY - FRIDAY	<input type="checkbox"/> \$175/wk x __ Week(s)		
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$10 per Domestic student <input checked="" type="checkbox"/> \$50 per International student		
<b>TOTAL</b>			

**SELECT THE WEEKS YOUR CHILD WILL ATTEND**

JULY 5 - 9     
  JULY 12 - 16     
  JULY 19 - 23     
  JULY 26 - 30     
  \*AUG 3 - 6     
  AUG 9 - 13     
  AUG 16 - 20

1 No camp programs Civic Holiday (August 2,2021)  
 2 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.

**OFFICE USE ONLY**

AMOUNT PAID	PAID BY <input type="checkbox"/> E-TRANSFER <input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHEQUE NO. _____	RECEIPT #	STAFF INITIAL	DATE
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**J. Addison School**

## **APPENDIX TO 2021 SUMMER ACADEMIC VIRTUAL CAMP**

Our priority is to ensure a safe and enjoyable learning environment for all our programs. The following information will be helpful to participants and parents as well as our school:

### **RESPONSIBILITIES OF CAMPERS**

The following procedures will ensure effective online programs at J. Addison School:

- I will find a quiet and appropriate place to work, free from distraction (i.e. sibling, pets, parents, televisions). I will not be working from my bed.
- I will maintain eye contact with my camp leader and refrain from eating or drinking, unless at the assigned break time.
- I will attend my online program on time and have all the necessary materials ready and within arms' reach.
- I will position my microphone nearby and leave it on mute when not speaking.
- I will treat my camp leader and fellow campers with respect in all forms of communication during the online program and MS Teams platform.
- I will notify my camp leader at the start of the class if I need extra support with technology problems.
- I will act and dress appropriately in front of the camera, like I would act in person.
- In the event that the network should have errors or disconnect, I will be patient and await instructions in my MS Teams account. If I am not able to reconnect with my camp leader, I will await a phone call or email from J. Addison School.

### **BEHAVIOUR OF CAMPERS**

The following items enable campers and parents to clearly understand the responsibilities and expectations of an online learner:

- Insubordination will not be tolerated. Insubordination has been defined as anything that interferes with teaching or learning in the classroom.
- Inappropriate language or gestures will not be tolerated. The two-way audio/video classes may be recorded.
- Campers will follow classroom rules as specified by the teacher.



## J. Addison School

### CONSEQUENCES FOR UNACCEPTABLE BEHAVIOUR

The following disciplinary action will be taken for campers who violate the above rules:

#### First Offense:

The camper will be given a verbal warning and informed that his/her behaviour is inappropriate.

#### Second Offense:

The camper will be informed that his/her behaviour is inappropriate and will be removed. Parent contact will be made to discuss concerns for interruption of learning environment. The Camp Director will be notified of this removal and inappropriate behaviour.

#### Third Offense:

The Principal, Camp Director and parents will be contacted regarding the camper's behaviour. The camper will be removed from the program and will not receive credit for any missed days.

#### Parental Expectations

Regular communication with our school will support your child's effectiveness in our program. We value your feedback, which allows for timely changes and quick remedying as needed.

Adult supervision is required for the duration of the online camp program as the school's ability to provide help during safety or emergency situations is very limited.

#### Additional Information

*How would you rank your child in his/her ability to use technology independently?*

0 1 2 3 4

*(0 = almost never uses technology; 4 = very regularly and proficient who can troubleshoot on his/her own)*

*Which online learning platform(s) has he/she used in the past:  
Google Meet, Microsoft Teams, ZOOM, Other:*

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*Please indicate any questions or concerns you may have about your child's participation in our virtual camp program:*

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