

STUDENT INFORMATION

SUMMER INSTITUTE LOCATION	CURRENT SCHOOL	<input type="checkbox"/> NEW STUDENT	<input type="checkbox"/> RETURNING STUDENT
SURNAME	FIRST NAME	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
ADDRESS (INCLUDING APT/UNIT)	CITY/TOWN	POSTAL CODE	
HOME TELEPHONE (include area code)	DATE OF BIRTH (YY/MM/DD)		
By registering for this program and providing your email address, you consent to receive electronic messages from the Summer Institute.			

CONTACT INFORMATION

1ST PARENT/GUARDIAN SURNAME	1ST PARENT/GUARDIAN FIRST NAME	RELATIONSHIP
HOME TELEPHONE	MOBILE/WORK TELEPHONE	EMAIL ADDRESS (PRINT CLEARLY)
2ND PARENT/GUARDIAN SURNAME	2ND PARENT/GUARDIAN FIRST NAME	RELATIONSHIP
RELATIONSHIP	HOME TELEPHONE	MOBILE/WORK TELEPHONE
1 ST EMERGENCY CONTACT SURNAME	1 ST EMERGENCY CONTACT FIRST NAME	1 ST CONTACT PRIMARY TELEPHONE
2 ND EMERGENCY CONTACT SURNAME	2 ND EMERGENCY CONTACT FIRST NAME	2 ND CONTACT PRIMARY TELEPHONE
1 ST EMERGENCY PICK-UP NAME	2 ND EMERGENCY PICK-UP TELEPHONE	RELATIONSHIP
2 ND EMERGENCY PICK-UP NAME	2 ND EMERGENCY PICK-UP TELEPHONE	RELATIONSHIP

FAMILY PHYSICIAN	TELEPHONE NUMBER
DOES YOUR CHILD HAVE AN EXISTING MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE CHECK THE APPROPRIATE CONDITION:	
<input type="checkbox"/> FOOD ALLERGY	<input type="checkbox"/> DRUG ALLERGY
<input type="checkbox"/> CARRIES EPIPEN™	<input type="checkbox"/> CARRIES EPIPEN™
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> MEDICATION
	<input type="checkbox"/> CARRIES EPIPEN™
<input type="checkbox"/> INSECT BITE ALLERGY	<input type="checkbox"/> ASTHMA
<input type="checkbox"/> CARRIES EPIPEN™	<input type="checkbox"/> CARRIES ASTHMA INHALER
<input type="checkbox"/> DIABETIC	<input type="checkbox"/> INJURY (IF YES, EXPLAIN BELOW)

MORE INFORMATION (SPECIFY):

All medication is to be stored in the main office, with the exception of inhalers for asthma and EpiPens™. Inhalers and EpiPens™ must be worn in waist pouches at all times. If the child has oral medication, SELF & STAFF ADMINISTRATION OF MEDICATION FORM, must be filled out, which can be picked up at the main office. The office must be aware of any medication that is to be administered or is in a waist pouch.

Does your child have an Individual Education Plan (IEP)? YES NO

Does your child currently receive EA support during day school? YES NO If YES, what percentage? _____%

Explain how your child is supported in day school?

INFORMED CONSENT AGREEMENT & ACKNOWLEDGEMENT

Participation in the Summer Institute including the various activities presents a risk of injury. The York Region District School Board (YRDSB) does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in these activities.

I/We understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/We hereby agree and promise that our child, ward or self is physically fit and is able to participate independently and understands that the choice to participate brings with it the assumption of those risks and results which are part of these activities.

I/We agree that the York Region District School Board or its employees, servants or agents shall not be liable for any injury to our child, ward or self or loss of damage to the property arising from, or in any resulting from, participation in these activities, unless such injury, loss or damage of our child, ward or self is caused by the sole negligence of the Board or its employees, servants or agents while acting within the scope of their duties.

I/We declare having read and understood the above informed consent agreement in its entirety and hereby consent to participate acknowledging all of the foregoing.

YES NO Student photographs, videotaped images, voice recordings, artwork, writing or other school work be may recorded, displayed or used in Board and school-specific internet web pages and documentation for presentation purposes. I/We, the undersigned, consent to the use of the noted records and images by YRDSB for the student named herein.

PARENT/GUARDIAN SIGNATURE	DATE (YY/MM/DD)
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Child's Surname: _____	Child's First Name: _____
SI Location: _____	Day School: _____
YRDSB Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you require busing if available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require extended childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, extended childcare required: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both

ALL PROGRAMS ARE LIMITED IN ENROLMENT AND BASED ON A FIRST COME, FIRST SERVE BASIS.

PROGRAM	COST/WEEK	*A	B	C	D	E	*F
Words Alive (Born 2011-2012)	5-day week: \$120 (\$155 Non YRDSB) 4-day week: \$105 (\$130 Non YRDSB)						
Clubhouse (Born 2009-2010)	5-day week: \$120 (\$155 Non YRDSB) 4-day week: \$105 (\$130 Non YRDSB)						
International Language (Mandarin-Simplified)	6-week program: \$380 6-week program: \$490 (Non YRDSB)						
Skills 'n Motion Level 1 (Born 2007-2008)	5-day week: \$120 (\$155 Non YRDSB) 4-day week: \$105 (\$130 Non YRDSB)						
Skills 'n Motion Level 2 (Born 2004-2006)	5-day week: \$120 (\$155 Non YRDSB) 4-day week: \$105 (\$130 Non YRDSB)						

ELECTIVE ACTIVITY (youth entering Gr 4 to Gr 8):
 FOR EACH WEEK, PLEASE INDICATE CHOICES FROM 1 - 10
 IN THE BOX BESIDE EACH ELECTIVE ACTIVITY.
 (1=most favourite, 10 = least favourite)

ELECTIVE ACTIVITY	*A	B	C	D	E	*F
Archery						
Artzcool						
Ball Hockey						
Basketball						
Breakout Session						
Bucket Drumming						
Comic Book Wizard						
Cricket						
DigiArt						
Field Invaders						
Fun Fitness						
Game Wizards						
Makerspace						
Martial Arts						
Music Mix						
Racquet Sports						
Ready, Set, Cook						
Ready, Set, Robotics						
Soccer						
Sportacular Fun						
Survivor						
Tech World						
Volleyball						
Wacky Science World						

* Week A & Week F are 4-day weeks, Tuesday to Friday