**OSSD Credit Courses à la carte**

*Reaching Ahead for Extra Credits SUMMER 2017*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **The Académie de la Capitale Difference**Take advantage of Académie de la Capitale’s expertise, approach and rigour to obtain the necessary credits towards your OSSD and most importantly to acquire the in-depth concepts, knowledge and skills to keep on learning and to succeed academically at the post-secondary level.**Due to our small daytime class sizes, our educators are experienced at one-on-one teaching and differentiated learning. They know how to ensure every student is challenged at his or her level, strengthens core concepts and masters course content.**For summer 2017, courses will be offered in an accelerated format, allowing students to complete a course in 1 month or 2 months. Students have the flexibility to choose their schedule of instruction within school operational hours of Monday – Friday (except holidays), between 9 am to 5 pm. Semi-Private courses will only be offered if there is more than 1 student registered.***During registration, all students must provide a copy of their report card showing successful completion of required course prerequisites.***

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| **Private (1)****New Credit** | **Semi-Private (2) New Credit** | **Semi-Private (3) New Credit** |
| **$2,750.00** | **$2,350.00** | **$2,050.00** |

**Course and Schedule Information:**Course Name and Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Code \_\_\_\_\_\_\_\_\_\_Number of students: [ ]  Private (1) [ ]  Semi-Private (2) [ ]  Semi-Private (3) Available Days: [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thurs [ ]  Fri Available Times: [ ]  Morning [ ]  AfternoonPreferred Learning Format: [ ]  1 Month [ ]  2 monthsProposed Start Day: YYYY/MM/DD**Student Information:**

|  |  |  |
| --- | --- | --- |
| Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OEN #: XXX-XXX-XXX | Sex: [ ]  M / [ ]  F |
| DOB: YYYY/MM/DD | Age:\_\_ | Health Card#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Current Grade: \_\_ |
| Current School and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tel-Home: (XXX) XXX-XXXX | Work: (XXX) XXX-XXXX | Cell: (XXX) XXX-XXXX |
| Emergency Contacts: | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel: (XXX) XXX-XXXX |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel: (XXX) XXX-XXXX |
| Special concerns, needs, health, allergies, behavioural etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 | **Media Consent**There are times we photograph or videotape the children participating in camp activities. We will publish some of these pictures (i.e.: newsletters, website, Facebook, twitter, brochures, newspaper ads, etc.), without naming individual campers. Académie de la Capitale/École internationale Acadecap International School is requesting permission to use photos/videos of your child. Please note that remuneration will not be given for the use of photos/videos.I give Académie de la Capitale/École internationale Acadecap International School permission to publish pictures of my childSignature of Parent/Guardian Initial or SignDate YYYY/MM/DD |
| **Waiver**I hereby release and forever discharge Académie de la Capitale/École internationale Acadecap International School, its directors, its employees, agents and all persons authorized by it from any claim, damages, action or cause of action or otherwise that may result from either personal injury or property damage suffered by the said child engaging in school activities including field trips provided, however, that the school and its employees and agents exercise reasonable care.I hereby authorize the Administrators, staff and/or excursion supervisor(s) to act on my behalf as my agent(s) to engage medical attention or hospitalization if required on an emergency basis.Signature of Parent/Guardian Initial or SignDate YYYY/MM/DD |
| **Finances****Please make cheques to AcadeCap International School.****Please note there are no refunds.** |