*avril - juin 2017* ***AcadeCap EDU Clubs*** *April - June 2017*

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| **Activité**  ***Activity*** | **Jour**  ***Day*** | **Sessions du 2e trimestre**  ***2nd Trimester Sessions*** | **Limite d’âge**  ***Age Requirement*** | **Coût**  ***Fees\**** |
| **AcadeCoders:**  **A)Minecraft (4:00-5:00) B)Javascript (5:00-5:30)** | **Mardi/**  ***Tuesday***  **4:00-5:30 pm** | **April 4, 11, 18, 25**  **May 2, 9, 16, 23, 30**  **June 6, 13** | **Ages 6-14** | **11 sessions for**  **A)$254.00**  **B) $127.00**  **A+B=$350.00** |
| **Dance Club** | **Mercredi/ *Wednesday***  **4:15-5:15 pm** | **April 5, 12, 19, 26**  **May 3, 10, 24, 31**  **June 7, 14** | **Ages 6-14** | **10 sessions for**  **$ 231.00** |
| **Ottawa Robotics**  **Academy** | **Jeudi/**  ***Thursday***  **4:15-5:15 pm** | **April 27**  **May 4, 11, 18, 25**  **June 1, 8, 15** | **Ages 6-14** | **8 sessions for**  **$ 185.00** |
| **Chess’n Math Association** | **Vendredi/**  ***Friday***  **4:15-5:15 pm** | **April 7, 21, 28**  **May 5, 12, 26,**  **June 2, 9** | **Tous les âges**  **All ages** | **8 sessions for**  **$185.00** |

The following form can be filled electronically. Exit “Read only” mode by pressing the Escape key to enable form functions.

Click on fields to input text and select boxes for marking.

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| **avril – juin 2017 Registration Form April – June 2017**   |  |  |  |  | | --- | --- | --- | --- | | **Activité Activity** | **Jour  Day** | **Coût Cost** | **# du cheque Cheque #** | | **Acadecoders**  (11 Sessions)   1. Minecraft 2. Javascript | Mardi *Tuesday* | **$254**  **$238**  **$350** |  | | **Dance**  **(10 Sessions)** | Mercredi  *Wednesday* | **$231** | | **Ottawa Robotics**  **Academy**  (8 Sessions) | Jeudi *Thursday* | **$185** | | **Chess’n Math Association**  (8 Sessions) | Vendredi *Friday* | **$185** | | **TOTAL** |  | (Amount) | (Cheque #) |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Sex:  M /  F | | DOB: YYYY/MM/DD | | Current Grade: \_\_ | | | Age:\_\_ | Health Card#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 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 child  Signature of Parent/Guardian  Initial or Sign  Date YYYY/MM/DD |
| **Waiver**  I hereby release and forever discharge Académie de la Capitale/Écoleinternationale 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 Sign  Date YYYY/MM/DD |
| **Finances**  **Please make cheques to École international AcadeCap International School.**  **Please note there are no refunds.** |