*janvier - mars 2017* ***AcadeCap EDU Clubs*** *January - March 2017*

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| **Activité*****Activity*** | **Jour*****Day*** | **Sessions du 2e trimestre*****2nd Trimester Sessions*** | **Limite d’âge*****Age Requirement*** | **Coût*****Fees\**** |
| **AC Math Enrichment Sessions:***- Math & Pixar animation: Gr. 1 +**- Excel 7 Statistics: Gr. 8* | **Lundi/*****Monday*****4:15-5:15** | **Jan. 23,** **Feb. 6,** **March 6, 20, 27** | **Tous les âges****All ages** | **5 sessions****$ 116.00*****Laptop may be required*** |
| **Junior Maker** **Inventor Workshop** | **Mardi/*****Tuesday*****4:15-5:15 pm** | **Jan, 17, 24, 31****Feb. 7, 21, 28****March 7, 21, 28** | **Ages 8-14** | **9 sessions for****$ 238.00*****Supplies included*** |
| **AcadeCoders****Web Design & Minecraft** *New registrations only* | **Mercredi/*Wednesday*****4:15-5:15 pm** | **Jan. 18, 25,** **Feb. 1, 8, 15, 22,****March 1, 8, 22** | **Ages 6-14** | **9 sessions for****$ 231.00** |
| **Ottawa Robotics****Academy** | **Jeudi/*****Thursday*****4:15-5:15 pm** | **Jan. 19, 26****Feb. 2, 9, 16, 23****March 2, 9,** | **Ages 6-14** | **8 sessions for****$ 185.00** |
| **Chess’n Math Association** | **Vendredi/*****Friday*****4:15-5:15 pm** | **Jan. 20, 27****Feb. 3, 10, 24****March 3, 24, 31** | **Tous les âges****All ages** | **8 sessions for****$185** |

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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| **jan – mars 2017 Registration Form Jan – March 2017**

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| **ActivitéActivity** | **Jour Day** | **CoûtCost** | **# du chequeCheque #** |
| **AC Flipped Math Enrichment Session**(5 Sessions) | Lundi*Monday* | [ ]  **$116** |  |
| **Junior Maker Inventor Workshop**(9 Sessions) | Mardi*Tuesday* | [ ]  **$238** |
| **AcadeCoders****Web Design & Minecraft** *(Jan-March* 9 Sessions*)* | Mercredi*Wednesday* | [ ]  **$231** |
| **Ottawa Robotics****Academy**(8 Sessions) | Jeudi*Thursday* | [ ]  **$185** |
| **Chess’n Math Association**(8 Sessions) | Vendredi*Friday* | [ ]  **$185** |
| **TOTAL** |  | (Amount) | (Cheque #) |

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| 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 childSignature of Parent/Guardian Initial or SignDate 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 SignDate YYYY/MM/DD |
| **Finances****Please make cheques to École international AcadeCap International School.** **Please note there are no refunds.** |