

REGISTRATION/AUTHORIZATION FORM

Monthly STEM WORKSHOP – Winter 2020



Name of Child: _____

I would like to register my child for the following workshop dates (please select and check box):

| <u>Workshop</u> | |
|--------------------------|---|
| <input type="checkbox"/> | iBiome - Saturday, Jan. 18th from 11:00-12:00 |
| <input type="checkbox"/> | Artificial Intelligence - Saturday, Feb. 15th from 11:00-12:00 |
| <input type="checkbox"/> | Designs and Structures - Saturday, Mar. 21st from 11:00-12:00 |
| <input type="checkbox"/> | Run your own Business! - Saturday, April 18th from 11:00-12:00 |
| <input type="checkbox"/> | Get Crafty! - Saturday, May 9th from 11:00-12:00 |

***Participation in all four workshops is recommended (7-14 yrs). If a workshop day must be missed due to illness or other extenuating circumstances, then we request that parents/guardians call or email J.A.C. staff. If a day is missed (without notice given to J.A.C. staff) the participant may be removed from the workshop.**

Name _____

Date of Birth: (MM/DD/YYYY) _____

Age _____

Home Address _____

Primary Phone Number _____

School & Grade _____

Parent/Guardian Name & Phone # _____

Parent/Guardian Name & Phone # _____

Parent/Guardian Email(s) _____

Emergency Contact(s) Name & Phone # _____

Family Doctor Name & Phone # _____

OHIP # _____

Known Health Issues _____
(including Allergies, Medical or Special Needs)

Immunization Up to Date (YES or NO)? _____

Authorized Pickup People _____

In the event of an emergency and someone not listed must pick up your child, please call the Jean Augustine Centre at 416-253-9797 to inform staff. Please do not send anyone to pick up your child whom your child will not recognize. I understand that by signing below, I am agreeing that my child will only be released to the person(s) whom I have identified above as Emergency Contact or Person to Pick-Up Child, and the person(s) will be required to show proof of identification. I hereby release J.A.C. and its Staff from any legal liability and from all claims that may arise due to or relating to my child leaving the site with Emergency Contact or Person to Pick-up Child noted herein.

I hereby release the JAC and/or its staff from any legal liability and from all claims that may arise due to or relating to my child leaving the site with Emergency Contact or Person to Pick-up Child noted herein.

I hereby waive any claim against the JAC and/or its staff which may arise from any injury the said name on this application may incur as a result of her participation in program activities.

Parent/Guardian Initials: _____

I authorize my child to:

Walk/Bike/Bus Home Alone – I give permission for my child to go home without adult supervision. I understand that JAC and its staff are not responsible for my child’s safety after this time.

Parent/Guardian Initials: _____

Photography Release - I give permission for JAC staff to take photographs of my child during programs for potential use in future promotional materials.

Parent/Guardian Initials: _____

Food and Drink Consent – I give permission for JAC to give my child food & drink as part of the program.

Parent/Guardian Initials: _____

I have read and understand the information presented in this packet. I agree to cooperate with all JAC procedures and regulations.

Parent/Guardian Signature: _____

Date: _____

****Would you like to be contacted via text message about J.A.C.’s programs, workshops and events?**

€ YES

€ NO