



R E G I S T R A T I O N



**F O R Y O U R
R E C O R D S**

Student:

Last Name: _____

First Name (s): _____

Birth date _____

Home Tel. #: (____) _ _____

Emergency Contact 1:

Name: _____

Relationship: _____

Tel. #: (____) _____

Cell.#: (____) _____

Email: _____

Emergency Contact 2

Name: _____

Relationship: _____

Tel. #: (____) _____

Cell.#: (____) _____

Email: _____

PARENT'S AUTHORIZATION:

I hereby give consent for my child to participate in the Discovery Summer Program. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Above & Beyond and their officers, servants or assigns from any liability concerning our child's involvement in the Above & Beyond programs and further agree that the use of all Above & Beyond facilities is made at the risk of the registrant.

Parent / Guardian Signature

Date

We may want to include some photos and videotapes from the students on our web page, Instagram and in promotional material. No student surname will appear with any materials that are submitted. All materials will be kept confidential. The form below will be used to document your permission for these activities.

I hereby give permission to:

- 1. Yes No Publish my child's projects on the Internet and/or in printed promotional material.
- 2. Yes No Publish my child's picture on the Internet and/or in printed promotional material.
- 3. Yes No Publish my child's first name with the picture, project on the Internet and in printed promotional material

Parent / Guardian Signature

Date

July Sessions

- July 8 –July 12 2-19 \$350.00
- July 15 –July 19, 2019 \$350.00
- July 22 –July 26, 2019 \$350.00

August Sessions

- July 29- Aug 2 2019 \$350.00
- Aug 12–Aug 16 2019 \$350.00
- Aug 19–Aug 23 2019 \$350.00

Subtotal:

Discount (\$50 per additional session):

Total Program Cost:

Deposit (\$150 per session):

Balance Owing:

NOTE:

**Deposit non-refundable after June 15,2019
Balance is due 3 weeks prior to start date.**

Child's Name: _____

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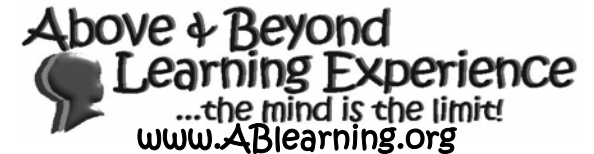
Balance Owing:

**Balance owing MUST be paid two weeks prior to start date
Deposits nonrefundable after June 15**

Programme Hours: 9:30am-3:30pm

Please provide your child with a bag lunch daily, sunscreen and appropriate clothing for inclement weather. Healthy snacks, freezies and water will be provided.

Registration fee includes cost for ALL activity materials and snacks.



1220 Stellar Drive Suite 202
Newmarket, ON L3Y 7B9

Phone: 905-953-ABLE (2253)

E-Fax: 1-844-320-4838

E-mail: discovery@ablearning.org



STEM Discovery Kids



STEM Discovery Kids

A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform us **in writing** of any changes to your child's health prior to their arrival.

Child's Name: _____ Health Card #: _____

Family Doctor: _____ Doctor Tel # : (____) _____

Please check if child has any of the following below:

- Asthma
- epilepsy
- diabetes
- allergies
- Other health challenge-food, drug, other

Details:

Will your child be on any medication while in our care (administered at home)? Yes No

Will your child be taking any medications while with us? Yes No

IF YES, Name of medication _____

Dosage _____ Time(s) _____

Any restrictions while with us?

