

## After-School Program - Registration Form

Student's Name  Student's Date of Birth (DD/MM/YY)  School Name  Farent's/Guardian's Name  7 8 9 Sm Med Lg XL XXL  Frimary Address  Secondary Address  Secondary Address  Secondary Address  City, Prov. Postal Code  City, Prov. Postal Code  Emergency Contact Name  Relationship  Phone  Mork Phone  Allergies/Special Health Considerations  Parent's Email Address  "Would you like to join our Facebook page (ImhotepslegacyAcademy)?  Parent: YES NO  Student Agreement  I agree to carry out the following responsibilities to the best of my ability:  Believe that I can learn and will learn.  Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.  Altend school regularly, on time, and with completed homework. Follow agreed upon schedule and home/schorules.  Take home materials and information needed to complete the assignment.  Complete and return my homework in a thorough, legible, and timely manner.  Complete and return my homework in a thorough, legible, and timely manner.  Complete and return my homework in a thorough. Parent is spined and the community.  Altend all Imhotep's Legacy Academy's After-School Program sessions or give advanced notice of rescheduling. Ensure all aspects and statements signed on the agreement form  I agree to carry out the following responsibilities to the best of my ability:  Parent's Guardian Agreement Form  I agree to carry out the following responsibilities to the best of my ability:  Provide a quiet time and place for homework.  Endavour to attend minotep Legacy Academy's After-School Program sessions or give advanced notice of rescheduling. Ensure all aspects and statements signed on the agreement and positive behaviour.  Bradeavour to attend minotep Legacy Academy functions.  Maintain and foster high standards of academic achievement and positive behaviour.  Endavour to attend minotep Legacy Academy functions.  Maintain and foster high standards of academic achievement and positive behaviour.  Endavour to attend mi					М		
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	Parent's	s/Guardian's Sigr	nature		Date		

www.imhotep.dal.ca



## Liability and Medical Consent

I have given Imhotep's Legacy Academy full disclosure of any medical conditions that may affect my child's participation. I authorize all medical services as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to participate in all Imhotep's Legacy After-School Program (ILASP) activities, including field trips and workshops held outside his/her school. I release Imhotep's Legacy Academy staff and volunteers from liability in case of accident as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

## **Our Supporters**



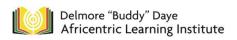




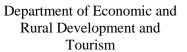


















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