

IMHOTEP'S LEGACY ACADEMY

After-School Program - Registration Form

Student's Name	Student's Date of Birth (DD/MM/YY)	M F Gender
School Name	Parent's/Guardian's Name	
7 8 9 Grade	Sm Med Lg XL XXL T-shirt Size	() () Home Phone Work Phone
Primary Address	Secondary Address	
City, Prov. Postal Code	City, Prov. Postal Code	
Emergency Contact Name	Relationship	() Phone
Allergies/Special Health Considerations	Parent's Email Address	
*Would you like to join our Facebook page (ImhotepsLegacyAcademy)?		
Parent: YES NO	Student: YES NO	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.
- ☐ Attend school regularly, on time, and with completed homework. Follow agreed upon schedule and home/school rules.
- ☐ Take home materials and information needed to complete the assignment.
- ☐ Complete and return my homework in a thorough, legible, and timely manner.
- ☐ Comply with school rules.
- ☐ Show respect for myself, my school, other people and the community.
- ☐ Attend 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 are honoured.

Student Signature

Date

Parent/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.
- ☐ Endeavour to attend Imhotep Legacy Academy functions.
- ☐ Maintain and foster high standards of academic achievement and positive behaviour.
- ☐ Sign and return all correspondence that requires a parent's or guardian's signature.
- ☐ Encourage positive attitudes toward school, particularly in science and math.

Parent's/Guardian's Signature

Date

www.imhotep.dal.ca

IMHOTEP'S LEGACY ACADEMY

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

I agree that still photos or videos (digital or otherwise) of my child may be taken and reproduced in promotional materials, including brochures and bulletins.

Parent's/Guardian's Signature

Date

Our Supporters



Department of Economic and
Rural Development and
Tourism



www.imhotep.dal.ca