



Dear Parents,

GAA is excited to once again offer the OYMBC (Ontario Youth Mind Building Club) After School Robotics Program for students from grades 1-8. Below is a brief introduction of how the program will run.

The focus of OYMBC is to help students develop a love of learning in Science, Technology, Engineering, and Mathematics (S.T.E.M.) subjects through interactive edutainment! As such our lead instructors are Ontario Certified Teachers or in a field related to education, science, technology, engineering or mathematics.

Each session, students will learn robotics concepts in a short 5min lesson and then apply the new knowledge in building their robot. Under the guidance of our instructors kids will have fun learning about physics concepts, such as infrared sensors and weight distribution, through the means of building their own robot!

Our robotics programs are low risk as students will be indoors at all times and will have their own work area in which to build their robot. Please note, for the safety of our students and under agreement with the facilitator school/centre, we do not provide any snacks in any of our after school programs.

The After School Program will run in 6-session terms: one class per week, for 1.5 hours. Two different levels will be offered for the students. If the student is new to robotics, we highly suggest that they register in level 1. This program will begin on **October 1<sup>st</sup>, 2013** and run until **November 5<sup>th</sup>, 2013**. It will be once a week every Tuesday beginning from 3:45 pm – 5:15pm.

**If interested, please fill out the form attached and return to the school by September 20th, 2013. If by September 23 we do not have 10 committed participants the program will be cancelled and parents will be notified of this.**

We look forward to seeing you and your child after school!

Best regards,

Lisa MacKinnon

Matthew Koo

***PLEASE CIRCLE THE PROGRAM THAT YOU ARE INTERESTED IN:***

**Level 1a:** \$125 (recommended for beginners and first time students to our program)

**Level 1b:** \$125 (recommended for those that completed our beginners program last year)

**Level 2:** \$125 (this program is for those that attended our programs last year as well as our summer camp)

Camp/Club Registration Form

(All information will be treated confidentially)

Name of camp/club \_\_\_\_\_

Date of camp/club \_\_\_\_\_

Cost of camp/club \_\_\_\_\_

Camper's Full Name \_\_\_\_\_

Birth date (MM/DD/YYYY): \_\_\_\_\_ Grade \_\_\_\_\_

**Please note that section 1, 2 and 3 do not need to be filled out if you are an existing GAA student**

**1. Legal Guardian One**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

**2. Legal Guardian Two**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

If parents are separated / divorced please indicate with whom the child resides with \_\_\_\_\_

**3. Emergency Contact Information**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical Information**

O.H.I.P Number \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Number \_\_\_\_\_

Address \_\_\_\_\_

Briefly comment on your child's overall Health \_\_\_\_\_

\_\_\_\_\_

**Your Child must have an up to date immunization card, a complete copy of your child's immunization record must be submitted with this registration form, along with a copy of your Childs birth certificate to keep on file.**

Does your Child have allergies? \_\_\_\_\_

Please indicate all allergies that your child has \_\_\_\_\_

\_\_\_\_\_

Does your Child require an Epipen? Yes [ ] No [ ]

Does your Child carry his/her own Epipen? Yes [ ] No [ ]

Does your child have a diagnosed condition? \_\_\_\_\_

\_\_\_\_\_

Does your child have any congenital problems/issues? \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication at home? \_\_\_\_\_

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**Note that medications will not be administered by the staff at any time with the exception of children whose physician has prescribed the use of an Epipen.**

## Before and After School Camp/Club

Daily fee for camps is \$50.

Before School will be provided from 7:00am-9:00am.

After School will be provided from 3:00pm-5:00pm

Before School Cost      \$12.00 per day      \$18.00 per family

After School Cost      \$12.00 per day      \$18.00 per family

**Students attending GAA will not be charged for afterschool if they have enrolled in an afterschool club.**

Please note if you use the B/A School Camp program you will receive an invoice by email.

We look forward to having you apart of our Camp program😊

Please note payments can be made by

Cash

Cheque

Visa

Master Card

Cashless School

\*A \$30 service charge will be applied to NSF cheques

Dear Parents,

As part of our efforts to protect your child and comply with bill 3 2005 “the Act to Protect Anaphylactic Pupils” or “Sabrina Law”, we respectfully request parents of Anaphylactic Children to assist us with the following procedures:

- Complete the attached form, signed by your child’s physician, and return it to Glenn Arbour Academy
- Supply the school with three (3) EpiPens or 2 ‘Twin Jet’. One for your child to have on them, one for their camp instructor and one for the Front Office
- Inform Glenn Arbour Academy immediately of any changes to your child’s health history

If your child has been prescribed an EpiPen, our protocol is:

- To share your child’s information with all staff members, including posting your child’s personal Anaphylaxis emergency Plan in the Front Office and your child’s home room
- We will administer the EpiPen immediately upon the first sign of reaction occurring in conjunction with their known allergen or suspected contact with the allergen.
- Call 911 and administer a second dose 10-15 minutes or sooner if the reaction continues or worsens
- Call the contact person
- A staff member will accompany your child in the ambulance and wait at the hospital until the contact person arrives

All staff members have been trained on how to administer an EpiPen.

# WAIVER

## This form must be filled out for all participating students

In consideration of accepting \_\_\_\_\_ for participation in Glenn Arbour Academy Camp/Club program, I grant permission for her/him to participate in any and all physical education programs and daily on site school activities and I acknowledge the element of risk that is involved in these activities.

Therefore, for the same consideration, I hereby release and forever discharge Glenn Arbour Academy Camp/Club programs and all its directors, coaches, teachers, assistant teachers, parents volunteers and all others concerned with the Glenn Arbour Academy Camp/Club programs from any and all liability for any accident or injury which may be suffered or incurred by while attending or participating in the above mentioned activities including (without limiting the generality of the foregoing) any and all dental and medical bills.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

## PHOTO CONSENT

This form does not have to be filled out if your child is currently enrolled in Glenn Arbour Academy

Throughout the camp/club programs, photographs are taken of our students during activities and events. We would like your permission to use any such photos in camp/club displays or promotional material.

I hereby give permission to Glenn Arbour Academy Camp/Club Programs to use my child \_\_\_\_\_ photographs.

Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian