

IMHOTEP'S LEGACY ACADEMY

After-School Program - Registration Form

Student's Name	Student's Date of Birth (DD/MM/YY) M F
School Name	Parent's/Guardian's Name
Grade 7 8 9	Home Phone () Work Phone
T-shirt Size Sm Med Lg XL XXL	Secondary Address
Primary Address	City, Prov. Postal Code
City, Prov. Postal Code	Relationship () Phone
Emergency Contact Name	Parent's Email Address
Allergies/Special Health Considerations	<p>*Would you like to join our Parent Association?</p> <p>Parent: YES NO</p>
<p>*Would you like to join our Facebook page (ImhotepsLegacyAcademy)?</p> <p>Student: YES NO</p>	<p>Parent: YES NO</p>

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
-------------------------------	------

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