

AFTER SCHOOL CLASSES

SESSION 1 2017

THE CIRCUS ACADEMY
c/o Sideshow Cafe
1300 Gerrard Street East
Toronto, ON M4L 1Y7
647-748-6030
www.circusacademy.ca
info@circusacademy.ca



PARTICIPANT INFO

Child's First Name: _____ Last Name: _____

Birth Date (d/m/y): _____ Gender: _____ Age: _____

MEDICAL INFO: Please list any serious medical issues, allergies or conditions that we should be aware of. Include any pre-existing conditions and physical or emotional problems. A more detailed medical form can be found on the following pages.

How did you hear about us? _____

FAMILY INFO

Parent/Guardian #1 First Name: _____ Last Name: _____

Home Address: _____ City: _____

Postal Code: _____ Email: _____

Primary Phone #: _____ Business Phone #: _____

Secondary Phone #: _____ Permission to Pick Up : Yes No

Parent/Guardian #2 Last Name: _____ First Name: _____

Home Address: _____ City: _____

Postal Code: _____ Email: _____

Primary Phone #: _____ Business Phone #: _____

Secondary Phone #: _____ Permission to Pick Up: Yes No

EMERGENCY CONTACT

Emergency First Name: _____ Last Name: _____

Home Address: _____ City: _____

Postal Code: _____ Email: _____

Primary Phone #: _____ Business Phone #: _____

Secondary Phone #: _____ Permission to Pick Up: Yes No

AFTER SCHOOL CIRCUS CLASS FOR KIDS

AFTER SCHOOL CLASS: Monday to Friday 4:00 pm – 6:00 pm

SESSION 1

Sept 5 – Dec 22, 2017

- | | |
|---|----------------------------------|
| - 16 weeks, 1 class/week | \$400.00 + HST = \$452.00 |
| - 14 weeks for Mondays - no class Sept 4 & Oct 9 | \$350.00 + HST = \$395.50 |
| - 13 weeks for Fridays - no class Oct 6, Nov 17 & Dec 1 | \$325.00 + HST = \$367.25 |

PLEASE SELECT: MON TUES WED THURS FRI

Please send registration forms to: info@circusacademy.ca

PERMISSION FOR SCHOOL PICK UP

An employee of The Circus Academy has permission to pick up my son/daughter from _____ school. Pick-up Door # if applicable: _____

I understand that it is my responsibility to inform The Circus Academy with no less than **4 hours notice** if my son/daughter will be absent, and that failure to do so will result in a **\$25** charge (+ HST). **Cancellations can be telephoned or text messaged to 647-551-9156**

Contact us for current listing of schools eligible for school pick-up **647-748-6030** or info@circusacademy.ca

CANCELLATION POLICY:

All fees must be paid in full or by post-dated cheques upon registration. Placement is not final until payment is received.

To be eligible for a refund minus a **\$50.00** administration fee, you **must advise** The Circus Academy of your withdrawal no less than **14 days prior to the start of your session, in writing**. Please allow 4-6 weeks for refunds. No refund or credit will be given once session begins. Credit for following session may be granted with doctor's note.

There will be a **\$25.00** charge on all NSF cheques.

Pre-arranged make up classes available within the same session, space permitting.

Pre-arranged drop-in classes available at \$27.00 + HST. No less than 24 hours notice will be accepted.

I/We have read the cancellation policy understand and agree with the terms and conditions therein. I/We agree that pictures and/or video or any likeness of the child pursuant to their participation in The Circus Academy Camps may be used by The Circus Academy in any and all media hereafter known to illustrate and promote The Circus Academy directly or indirectly.

I/We agree that The Circus Academy, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in The Circus Academy Camps activities unless such injury, loss or damage is caused by the **SOLE NEGLIGENCE** of The Circus Academy or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

THE CIRCUS ACADEMY

1300 Gerrard St E, Toronto, Ontario M4L 1Y7 ★ Phone: 647-748-6030
info@circusacademy.ca ★ www.circusacademy.ca

MEDICAL FORM

PARTICIPANT INFO

Child's first name: _____ Last name: _____
Doctor's name: _____ Doctor's phone: _____
Health card #: _____

MEDICAL / BEHAVIORAL ISSUES

IMMUNIZATION: Is your child's immunization up to date? Yes No If no, please elaborate: _____

MEDICAL / BEHAVIOURAL ISSUES: Does your child have any health or behavioral conditions that we should be aware of? For example: diabetes, epilepsy or prone to seizures, heart disease, kidney trouble, auditory or visual impairments, emotional concerns, asthma, special physical needs, home sickness, death in the family, recent separation/divorce etc.? Yes No If yes, please elaborate _____

ALLERGIES: Does your child have any allergies? Ex. food, peanuts, drugs/medication, animals, insect stings, hay fever, etc. Yes No If yes, please specify what your child is allergic to, elaborate on the severity of the reaction and best methods of treatment (attach additional page if necessary) _____

Does your camper carry an **epi-pen** or any other allergy medication? Yes Specify _____ No

MEDICATION: Does your child require any medication to be taken or administered while at Camp? For example, ANA kit, asthma ventilator, Ritalin, antibiotic, etc. Yes No If yes, please elaborate _____

Will your child be on a "medication holiday" (i.e. usually takes Ritalin, however is not on it for the summer) while attending classes? Yes No If yes, please elaborate _____

Does your child self-administer the medication? Yes No

ONGOING TREATMENT: Is your child undergoing any form of treatment for any physical or emotional illness, condition or injury? Yes No If yes, please elaborate: _____

OTHER INFORMATION: Please elaborate on any other information that may help us in providing the best possible experience for your child (i.e. child's fears, personal goals, past camp history, preferences etc.) _____

EMERGENCY AUTHORIZATION: I understand that in registering for class, that my child(ren) will be partaking in physical activities, and that with any physical activity, there is a risk of injury. In the event of an emergency, I authorize the physician in the emergency care unit selected by The Circus Academy staff to secure proper treatment for the child indicated above. I understand that every effort will be made to contact me prior to any treatment deemed necessary. My signature below indicates that the above information is as accurate and complete as possible.

NAME (please print) _____ SIGNATURE _____ DATE _____