



Summer Program Registration (For Non P.A. Students)

Student Information

Legal Surname _____ Given Name(s) _____
Other Name (s) _____ Male Female
Birthday (Y/M/D) _____ Present Age _____
Address _____ City/Province _____
Postal Code _____ Telephone _____
Language(s) spoken at home _____

Education

Current School _____ Current Grade _____
If student is in a special program now please specify. _____
Has your child ever had behavioral issues or concerns with school? If yes, please elaborate. _____

Parent & Guardian Information

Name of Parent _____ Relationship to Student _____
Are you the Legal Guardian? Yes No
Address _____
City/Province _____ Postal Code _____
Home Phone _____ Work Phone _____ Cell _____
Phone _____ E-mail Address _____

Name of Parent _____ Relationship to Student _____
Are you the Legal Guardian? Yes No
Address _____
City/Province _____ Postal Code _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-mail Address _____

Emergency Contact Information (Person other than parent)

Name _____ Relationship _____ Home Phone _____
Cell Phone _____ Work Phone _____
Address _____

Individuals With Permission To Pick Up Your Child (ID must be presented)

1. Name _____ Relationship _____ Home Phone _____
Cell Phone _____ Address _____
2. Name _____ Relationship _____ Home Phone _____
Cell Phone _____ Address _____

Health and Medical Information

Alberta Health Care Number _____

Physician's Name _____ Telephone Number _____

1. Any known allergies? Yes (If yes, please specify) No

Allergen _____

Reaction(s) _____

Handling(s) _____

2. Any health problems? Yes No

If yes, please specify. _____

3. Is your child on any routine medication? Yes No

If yes please specify. (If your child requires medication to be administered please fill out the Medical Consent Form).

Check off each week your child will be attending:

Dates	√	Summer Fun Themes	Fee
Week 1 July 4 – 8		Biking and Triking	\$220.00
Week 2 July 11–15		Drama and Theatre	\$220.00
Week 3 July 18 – 22		Hip Hop Dance	\$220.00
Week 4 July 25 – 29		A Taste of Progressive Academy	\$220.00
Week 5 August 2 - 5		Fun and Fitness	\$220.00
Week 6 August 8 – 12		CSI – Crime Scene Investigation	\$220.00

I prefer to pay by: Cheque/Cash _____ Credit Card _____

Credit Card # _____ Exp Date ____/____

Terms and Conditions

I realize that children, even under close supervision, will have occasional accidents. Therefore, I hereby **release, indemnify and hold Progressive Academy, its agents and employees harmless** from any and all claims, damages, or other liabilities for injuries to my child which are not a result of negligence of the school, its agents or employees or are entirely beyond the control of the school, its agents or employees.

In the event that my child requires **emergency medical treatment**, I hereby give my consent to see that the necessary treatment is administered. I understand the school does use hired yellow buses as well as public transportation for the field trips that are organized. Longer journeys out of the immediate neighbourhood require an additional form to be signed by the parent/guardian. I understand it is my responsibility as parent/guardian to be aware of field trips as noted on the calendar, to sign the permission forms for field trips and to prepare my child with any special clothing, food, etc. that may be required. I hereby give permission for my child to participate in **neighbourhood outings and field trips**.

I hereby give permission for Progressive Academy to use **photographs or films** of my child taken or during school activities for educational and promotional reasons. I understand that Progressive Academy is an **Applied Scholastics™ school**, and that while Progressive Academy uses the Alberta Curriculum, its approach to learning is based on the educational philosophies and technology developed by L. Ron Hubbard.

Parent/Guardian Signature _____ Date of Application _____



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