



STUDENT ENRICHMENT LABS

Our STUDENT ENRICHMENT LABS (SEL) programs are held in two semesters of seven (7) weeks per semester.

All activities are held at 1385 Huntingwood Drive Scarborough M1S 3J1 (Tropicana's Head office)

Registration Fee is **\$50 per semester**

PARTICIPANT INFORMATION		
FIRST NAME:	LAST NAME:	
GENDER: FEMALE MALE	NAME OF SCHOOL:	
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/20____	HOME ADDRESS:	
CITY:	POSTAL CODE:	APT/SUITE:
E-MAIL: (PLEASE PRINT CLEARLY)	HOME PHONE:	CELL PHONE:

CLUBS/ACTIVITIES													
INDICATE AREA OF INTEREST: STEM CLUB ART CLUB CHESS CLUB	GRADE OF PARTICIPANT: <table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6								
7	8	9	10	11	12								
HOW DID YOU LEARN ABOUT THE PROGRAMS: REFERRED INTERNET FLYER OTHER (SPECIFY)	MY CHILD IS: NEW STUDENT RETURNING STUDENT												

PARENT/GUARDIAN AND EMERGENCY INFORMATION	
PARENT/GUARDIAN'S FULL NAME:	OTHER EMERGENCY CONTACT FULL NAME(S):
ADDRESS (IF DIFFERENT FROM PARTICIPANT'S)	EMERGENCY CONTACT PHONE NUMBER:
CITY:	POSTAL CODE:
PARENT/GUARDIAN'S PHONE NUMBER:	PARENT/GUARDIAN'S BUSINESS PHONE NUMBER:

MEDICAL INFORMATION:	
NAME OF CHILD'S DOCTOR:	DOCTOR'S TELEPHONE NUMBER:
IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE? NO YES OTHER SPECIAL NEEDS	DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE? YES NO IF YES , SPECIFY:

STEM CLUB activities are offered in collaboration with
TECHNOVATION ACADEMY OF SCIENCE AND TECHNOLOGY (TAST)

PLEASE NOTE THAT THIS IS A PEANUT-FREE ENVIRONMENT!

READ THOROUGHLY **PARENT/GUARDIAN CONSENT BEFORE SIGNING**

DROP OFF AND PICK-UP INFORMATION:	
IS THE CHILD PERMITTED TO GO HOME ON HIS/HER OWN?	
NO	
YES	
PLEASE INDICATE THE NAME/RELATIONSHIP OF THE PERSON(S) WHO WILL NORMALLY PICK UP THE CHILD:	
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____

****PARENT/GUARDIAN CONSENT****

1. Permission is granted for my child to participate in all program activities, unless I advise you otherwise, in advance, in writing.
2. I hereby consent and grant permission that **Tropicana Community Services, Technovation Academy** and **their respective media representatives** may take pictures, videotape or digitally record my child while he/she is engaged in their program activities and are also authorized to use these for any promotional outreach or advertising purposes. **(IF YOU DO NOT CONSENT TO THIS FOR WHATEVER REASON, PLEASE INFORM US ABOUT YOUR OBJECTION)**
3. I have provided **Tropicana Community Services** and **Technovation Academy** with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize **T.C.S** and **TAST** to secure medical care for my child. I hereby waive any claim against **T.C.S, TAST and/or their staff** which may arise from any injury my child may incur as a result of his/her participation in program activities.
4. I will be responsible for getting my child to the program on time and picking him/her up. I will also provide my child with the necessary supplies, as may be required.
5. I will supply my child with snacks, if necessary.

Signature of Parent/Guardian

_____/_____/20_____
Date (Day/Month/Year)

PLEASE DO NOT WRITE ON THIS AREA (FOR OFFICE USE ONLY)

PAYMENT MADE BY (NAME)	AMOUNT PAID	BALANCE	DATE	STAFF SIGNATURE