



Little Leaders

P.A. Day Program Registration

At Little Leaders, your children do more than spend the day at Queen's, they build confidence, teamwork, and leadership skills while learning about science and art!

Located conveniently on the Queen's University campus, Little Leaders P.A. Day Programs offer options for children in Grades 1-3 & Grades 4-6 and includes lunch, early drop off/late pick up and all taxes.

Register for one session at \$40 or register for all seven program days and only pay for six. PLUS, they'll receive a Little Leaders certificate!

Program Registration

- | | | | |
|---|-------------------|---|---------------|
| <i>Date:</i> | <i>Theme:</i> | <i>Date:</i> | <i>Theme:</i> |
| <input type="checkbox"/> September 29, 2017 | Construction Zone | <input type="checkbox"/> April 13, 2018 | Blast Off |
| <input type="checkbox"/> October 27, 2017 | Art Attack | <input type="checkbox"/> May 18, 2018 | Be Dramatic |
| <input type="checkbox"/> November 24, 2017 | Mad Mixtures | <input type="checkbox"/> June 29, 2018 | Make a Mess |
| <input type="checkbox"/> February 2, 2018 | Planet Earth | | |

Registrant Information

| | | | |
|--------------|----------------------|-------------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Grade | <input type="text"/> | Birth date | <input type="text"/> |
| | | Age | <input type="text"/> |
| School Board | <input type="text"/> | School | <input type="text"/> |
| Address | <input type="text"/> | City | <input type="text"/> |
| | | Postal Code | <input type="text"/> |

Custody/Living Arrangements Both Parents Shared Custody Sole Custody

Parent(s)/Guardian Information

| | | | |
|------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Email | <input type="text"/> | Phone | <input type="text"/> |
| Cell | <input type="text"/> | Business | <input type="text"/> |

Parent 2:

| | | | |
|------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Email | <input type="text"/> | Phone | <input type="text"/> |
| Cell | <input type="text"/> | Business | <input type="text"/> |

Emergency Contact Information

If unable to contact either parent/guardian listed on Page 1, in the event of an emergency, please give us the name of a contact who we can notify and will be able to authorize emergency medical treatment.

| | | | |
|--------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Relationship | <input type="text"/> | Phone | <input type="text"/> |
| Cell | <input type="text"/> | Business | <input type="text"/> |

Parental/Guardian Consent Statements

The information on this registration form is collected and stored under the authority of the Privacy Act or the Personal Information Protection and Electronic Documents Act (PIPEDA). ESU does comply with Freedom of Information and Protection of Privacy Act (FIPPA).

Code of Conduct

Each program offered by the Queen's University Enrichment Studies Unit has a Code of Conduct that students are required to follow. By signing below, you are indicating that you have read and understand the terms and conditions stipulated in the Queen's University Enrichment Studies Unit [Code of Conduct](#) for the program.

Failure to uphold and abide by the terms and conditions outlined in the Code of Conduct may result in your immediate dismissal from the program without refund.

| | | | |
|---------------------------|----------------------|------|----------------------|
| Parent/Guardian Signature | <input type="text"/> | Date | <input type="text"/> |
|---------------------------|----------------------|------|----------------------|

Parent/Guardian Statement of Consent

I, the undersigned, the parent/guardian of child listed on Page 1 of this registration do hereby consent to my child's participation in the Enrichment Studies Program at Queen's University (the Program). I have informed myself about the nature of the Program and I acknowledge that participation in the Program involves the possibility of injury. I am aware of no physical or other reasons, why my child should not participate in the Program. I hereby agree to release Queen's University, the Enrichment Studies Unit, its employees and agents (Queen's), from any and all claims, demands or causes of action that may arise due to losses or injuries incurred by my child, as a result of participation in the Program other than losses or injuries resulting from the negligence of Queen's, and I waive any and all rights to make a claim of any nature against Queen's due to my child's participation in the Program. I further grant my consent for the Enrichment Studies Unit to seek emergency medical treatment for my child if deemed necessary.

| | | | |
|---------------------------|----------------------|------|----------------------|
| Parent/Guardian Signature | <input type="text"/> | Date | <input type="text"/> |
|---------------------------|----------------------|------|----------------------|

Photo Waiver

From time to time our staff take pictures and/ or film activities at the Program. These pictures may or may not include your child. These pictures may be used for promotional purposes, in print, digital or other media. I, the undersigned, the parent/guardian of, the child listed on Page 1 of this registration, do hereby consent to my child being photographed and/or filmed and for those images to be used for any of the above stated purposes by the Enrichment Studies Unit at Queen's University. If you do not consent you need to contact ESU at esu@queensu.ca before the first day of the program your child is attending.

| | | | |
|---------------------------|----------------------|------|----------------------|
| Parent/Guardian Signature | <input type="text"/> | Date | <input type="text"/> |
|---------------------------|----------------------|------|----------------------|

Refund and Cancellation Policy

By signing below I indicate I have informed myself of the [Refund and Cancellation Policy](#) and agree to the terms.

| | | | |
|---------------------------|----------------------|------|----------------------|
| Parent/Guardian Signature | <input type="text"/> | Date | <input type="text"/> |
|---------------------------|----------------------|------|----------------------|

Completed forms can be returned by email, fax or in person. We will email you a confirmation of registration receipt and contact you for payment and pertinent medical information. Payment can be made by Visa, Mastercard, Amex, cash, certified cheque or money order.