

MEDICAL INFORMATION

Allergies: _____

Sensitivites (i.e. soaps, etc.) _____

Medical Concerns that would inhibit participation in any aspects of this program (i.e. asthma, injury, childhood diseases, major operations): _____

Medication Child Is Taking: _____

Drug	Amount	Time

Special Needs The Program Needs To Be Aware Of (explain fully): _____

Drug	Amount	Time

Child's Likes: _____

Dislikes: _____

EMERGENCY CONTACTS

(Please Provide At Least 2 Names **Other Than Parents/Guardians**)

- | | |
|-----------------------------|-----------------------------|
| 1. _____ | 2. _____ |
| Name | Name |
| Relationship to Child _____ | Relationship to Child _____ |
| Address: _____ | Address: _____ |
| Phone # _____ | Phone # _____ |

PHOTOGRAPHS

Occasionally media may attend events to photograph or do news stories on our programs. Is your child allowed to be photographed? YES _____ NO _____

OTHER AGENCIES

Is your child involved with any other agency such as Social Services, Family Care, Health Unit, School Counsellors? YES _____ NO _____ If yes, please specify name of agency _____
If yes, may we communicate with these agencies to better serve the needs of your child? YES _____ NO _____

COMPUTER CAMP FOR KIDS - REGISTRATION FORM - 2011

PERSONS ALLOWED TO PICK UP CHILD

1. _____
Name
Relationship to Child _____
Address: _____
Phone # _____

2. _____
Name
Relationship to Child _____
Address: _____
Phone # _____

3. _____
Name
Relationship to Child _____
Address: _____
Phone # _____

4. _____
Name
Relationship to Child _____
Address: _____
Phone # _____

PERSONS NOT ALLOWED TO PICK UP CHILD (Photocopy of Court Order Required)

1. _____
Name
Relationship to Child _____
Address: _____
Phone # _____

2. _____
Name
Relationship to Child _____
Address: _____
Phone # _____

- The computers are AS IS when they leave the camp.
- The LCN will not provide technical support.
- The LCN does not repair personal computers.
- The LCN does not provide personal Internet connection equipment.

Parents/Guardians of Computer Camp for Kids Children

- Fees are due by 4:00 pm, June 13th 2011
- **No refunds will be given out after June 13th, 2011.**
- Instructors **MUST** be notified when a child is leaving the camp each day.
- Parents will be advised if there are discipline problems.
- **All children and youth must be picked up within 15 minutes of the class completion time**

If a medical emergency arises, your child will be transported immediately by ambulance to the hospital. Parents/guardians will be responsible for any ambulance fees for transportation of their child.

FEE:

Computer Camp for Kids Fee: **\$ 85/per child** – each session is three hours per day for 10 days, Monday thru Friday. Your child will be enrolled in either a morning or afternoon session depending on their age. Children 10 – 12 years old are booked for the morning sessions and youth 13 – 15 for the afternoon classes. Register for the courses according to the dates and times below:

Sessions:

- | | | | |
|-------------------------|------------|-----------|---------------|
| 1. July 4 – July 15 | 9am - 12pm | Morning | Ages 10 to 12 |
| 2. July 4 – July 15 | 1pm - 4pm | Afternoon | Ages 13 to 15 |
| 3. July 18 – July 29 | 9am - 12pm | Morning | Ages 10 to 12 |
| 4. July 18 – July 29 | 1pm - 4pm | Afternoon | Ages 13 to 15 |
| 5. August 2 – August 12 | 9am - 12pm | Morning | Ages 10 to 12 |
| 6. August 2 – August 12 | 1pm - 4pm | Afternoon | Ages 13 to 15 |

Register at: Lethbridge Community Network 411- 5th Street South Lethbridge, Alberta, T1J 2B6 Phone: (403) 317-7799	All Camp sessions are to be held at: Immigrant Services Lethbridge Family Services 705 2nd Avenue South Lethbridge, Alberta, T1J 0C4
---	---

Drinks (juice, water) are provided mid-morning or mid-afternoon depending in which session your child is registered. Please provide a snack your child can eat. If your child has any allergies related to drinks please supply one that is appropriate for your child.

Parent/Guardian Name _____ Date _____

Lethbridge Community Network MEDICAL AUTHORIZATION

CHILD'S NAME _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

HAIR COLOR: _____ WEARS EYEGASSES: YES NO

DISTINGUISHING MARKS (ie: birthmarks, scars) _____

I hereby grant permission to the staff of the Lethbridge Community Network to obtain and authorize medical treatment as required while my child is under their care.

PARENT / GUARDIAN

DATE