

Ian Juby
21-1/2 York Street
Sioux Lookout, ON
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ianjuby@ianjuby.org

Science & Tech workshops Registration form

Sioux Lookout Introduction to Electronics Fall 2016

Please fill out this form (one for each child) and either email it or snail mail to the address above. A \$40 per student deposit is required to secure your seat (program sizes are limited to 10 seats). Please note, we wish to encourage parental participation as much as possible. Parents/guardians participating with their children on the kids' day attend for free, and there is no need to fill out this form. Please let us know everyone's names though as we will have name tags for everyone. Please make cheques out to Ian Juby.

Child's general information

| | | |
|---|---------------------------------|--|
| Name | | |
| Birthdate (DD/MM/YYYY) | Any allergies? (please specify) | Is the child taking any medications? (if yes, please specify) |
| Doctor's name | | Doctor's phone |
| Any developmental and/or physical challenges? | | |

Parent/Guardian general information

| | | |
|--|---------------|-------------|
| Name of first emergency contact | | |
| Street address | City/Province | Postal Code |
| Home Phone | Cell Phone | |
| Name of second emergency contact | | |
| Street address | City/Province | Postal Code |
| Home Phone | Cell Phone | |
| Name of third emergency contact (optional) | | |
| Street address | City/Province | Postal Code |
| Home Phone | Cell Phone | |

I give permission for my child _____ to be taken to the hospital in case of emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian

Date signed