



I AM SMART S-COOL!
We teach AMAZING kids!

Dear Parents,

As you may be aware, Professional Activity (P.A.) days are planned for teachers and school staff to take workshops and lessons to help better their teaching. These days are also intended to be used for adjusting students' files and marks for the next report card, work on some stuff over at school or maybe to redecorate the class.

I AM SMART S-COOL! would be happy to provide Professional Activity (P.A.) Day Program for our students to help parents with their work schedule.

P.A. Days		
<input type="checkbox"/> October 22, 2018	<input type="checkbox"/> January 18, 2018	<input type="checkbox"/> June 03, 2-018
<input type="checkbox"/> November 23	<input type="checkbox"/> February 01, 2018	<input type="checkbox"/> June 28, 2018

Student's Name: _____ Grade: _____

Date of Birth: _____

Parents Name: _____ Contact #: _____ or _____

Address: _____

Postal Code: _____ Email: _____

Health Card Number: _____

Is he/ she a registered IAMSS student: _____ Yes _____ No

Fees

1. Payment for a PA Day camp must be provided along with this registration form.
2. Payment for a PA Day camp may be cash or a cheque, made payable to I AM SMART S-COOL. Cheques returned by the bank will result in a \$45.00 returned cheque charge.

Parental Informed Consent Agreement (for participants under 18 years of age)

We, the undersigned, hereby acknowledge that we have been provided with the description of the activity and we wish our child to participate in the Professional Activity (P.A.) Day Program. Participation may have some type of injuries, minor or serious, that may result from one's actions, or the actions and interactions of others.

We agree that I AM SMART S-COOL! or its employees, servants or agents shall not be liable for any injury to our child or loss or damage to any personal property arising from, or in any way resulting from participation in these activities.

We also hereby warrant that any known medication needs of our child will be clearly indicated in writing on this form.

We declare having read and understood the above Parental Informed Consent Agreement in its entirety and hereby consent to participate acknowledging the foregoing.

Medical needs (if any):

Signature of Parent/Guardian

Date