

***Enrichment Mini-Course
Application form and Consent Form***

Please Return completed Form To Your School By March 15, 2016

Please use black or blue ink to fill in the information requested.

Name		Birth date	
School		Grade	
		MCP	
Parent(s)/ Guardian		Home Telephone	
Address		Emergency Number	
Emergency Contact	Name	Email	

\$40.00 per student

Payment to your child's school is mandatory before the application can be processed. There will be **no refunds** if your child is accepted into any of the courses they have chosen.

Please list in order of preference your mini course choices. Every effort will be made to meet your request. Select only courses that you are willing to attend. Failure to complete all four choices will indicate to us that **should these courses be filled you are not interested in any other selections. Only one slot of duplicate course maybe filled in as a choice. We fill applications of students that have expressed an interest in 4 courses as a priority over students that only fill 1- 3 choices.**

Some of the dates are not yet available for these courses. Please outline which, if any dates in late April and the full month of May, you will not be available to participate. _____

	Course Number	Course Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Consent Form

I have read the attached *Expectations for Parents* sheet and agree with the conditions and expectations of this program.

I consent to having my child _____ placed in any of the above mini courses, if their application for this program is accepted.

Medical Concerns: _____

Parent: Print Name: _____ Date: _____
 Sign Name: _____

Expectations for Parents and Students

This program is established via a partnership with the post-secondary institutions involved, and the District School (Eastern School District). Our school organizes and facilitates the referral process. Courses are offered at the post-secondary institution and your child will be in the care of that institution during the course. They will be marked present at their neighborhood school for each day they attend a mini-course.

Once your child is accepted into the program a letter of acceptance will be issued. This letter will confirm the dates of the course, location and place and time of meeting the greeter.

The program is designed for students of exceptional abilities and the course content is designed to challenge and intrigue them. This program has been in existence since 1995 and is very well received by student participants. It is a wonderful opportunity for your child and we encourage them to accept the placement.

Parents are responsible for transportation. Students are to meet the instructor at the stated location no later than 8:45 (**unless otherwise stated**) on the first morning of the course. A staff person from the District School will be there on the first morning to help ensure that the students are settled. For those students attending courses at Memorial University of Newfoundland and Labrador the drop off site is at the Arts and Administration Building on Elizabeth Avenue.

On subsequent mornings the students need to find their own way to class. **On the first morning please ensure that the student meets the greeter before you leave.** The student is in your care until they enter the class and the course starts at which point they are in the care of the hosting institution. Students are to be picked up at 3:00 at the location they were dropped off, unless otherwise stated.

Students need to bring recess and lunch. Cafeteria services are on a reduced schedule during the spring semester. Have your child check this schedule on the first day if they choose to use the cafeteria on future days. Lunch is from 12:00 to 1:00. They will be provided with a space to eat but are not always supervised during lunchtime.

Students need to remember that they are the guests of the hosting institution and are expected to be on their best behavior at all times. If behavior is not acceptable, termination from the program could occur immediately without refund. They are expected to participate in all activities outlined by the instructor.

While your child is participating in this program please ensure that you can be reached at the number listed on the consent form. In the event that it is necessary we need to be able to reach you.

For those students that are attending MUN you may access a map of Memorial University in your telephone book. This should help you in locating buildings and offices. We have also coordinated our efforts with MUN security for courses occurring at that site. If your child should become lost or confused they can approach MUN security personnel or office staff and request that MUN Security be contacted to determine their class location. This process is to be used in emergencies only.

All Students must bring their:

Enrichment Mini Course Program Informed Consent/Waiver on the first day of the course.

You may also contact William Tucker, Principal, District School at [765-8638](tel:765-8638).

Email contact billtucker@nlesd.ca.

PLEASE RETAIN THIS INFORMATION FOR LATER USE

MEMORIAL UNIVERSITY OF NEWFOUNDLAND

Enrichment Mini Course Program Informed Consent/Waiver

THIS IS A RELEASE OF LIABILITY AND EFFECTS YOUR LEGAL RIGHTS AN PRIVILEDGES

THIS FORM MUST BE READ AND SIGNED BEFORE PARTICIPATION IS ALLOWED

PARTICIPANT'S NAME _____ DATE OF BIRTH _____

SCHOOL: _____ GRADE: _____ Emergency Contact #: _____

IN CONSIDERATION of being permitted to participate in any way in the Enrichment Mini Course Program (the "Program") being held at Memorial University of Newfoundland (the "University") by Eastern School District (the "School District"), I, the parent of, _____, (the "Student") acknowledge, appreciate, and agree that:

1. The University is providing in-class instruction. The University does not provide supervision prior to, during non-instructional times, or after the Program. At all times during the Program the sole responsibility for my child's personal safety rests with him/her;
2. The University is not responsible for transportation to and from the Program. However, transportation for field trips during the Program may be provided;
3. It is my responsibility that my child is delivered to and picked up from the designated meeting sites and that I am responsible for transportation to and from the University;
4. Although it is understood that the University, in general, endeavours to provide a safe environment for students, I am familiar with and accept that there is a risk of injury, possibly of a serious nature in participation in the Program;
5. I understand that the University assumes no responsibility for personal injury or loss of or damage to my child's personal property;
6. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my child's participation;
7. My child, will immediately notify the nearest official of the University and District School, if at any time he/she senses or observes any unusual hazard or unsafe condition or feels that he/she has experienced any deterioration in his/her physical, emotional or mental fitness, for continued safe participation in the Program;
8. I agree to release and waive liability for all claims that I have, or may in the future have, against Memorial University of Newfoundland, or any person(s), entities or organization(s) associated in any way with the Program, from any and all liability for any loss, damage, injury or expense that my child may suffer as a result of participation or presence at the Program, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on behalf of the University;
9. I declare that I have read, understood and agree to the contents of this **WAIVER FORM** in its entirety and I sign it freely and voluntarily without any inducement.

This is to certify that I, as parent/guardian with legal responsibility for this Student, do consent to the foregoing and agree not only to his/her release of Memorial University of Newfoundland and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself.

Parent/Guardian Signature

Date