



EDTECHHIVE Program Registration

Date: _____ Form Completed by: _____

<input type="checkbox"/> Payment Type <input type="checkbox"/> Moneris <input type="checkbox"/> Square <input type="checkbox"/> Cash <input type="checkbox"/> Other	<input type="checkbox"/> Payment for <input type="checkbox"/> Program <input type="checkbox"/> Refund
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<input type="checkbox"/> Payment Amount: _____ (including 13% HST) <input type="checkbox"/> Program Name: _____
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<input type="checkbox"/> Child Registration Information: Name of Child: _____ Date of Birth: _____ Home Address: _____ Gender: _____ Any Allergies, Medication: _____ If your child is currently under any form of treatment for an illness, condition or injury? Yes / No If you answered "yes", please complete the attached AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION Form.
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For Internal Use: Order entered online manually _____ Intake form processed: _____ Order invoice Processed: _____ Date Child Discharged: _____



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Does your child require 1-1 support while at camp? Yes / No

If you answered "yes" a meeting will be scheduled with a Hive Manager.

Does your child have any medical or behavioural conditions that we should be aware of? Yes / No

If you answered "yes" please take a moment to explain:

Does your child have any conditions requiring medical attention? Yes / No

If you answered "Yes", please explain:

Does your child use a puffer? Yes / No For: _____

Does your child carry an epi-pen? Yes / No For: _____

If you answered yes, please complete the attached INDIVIDUALIZED PLAN AND EMERGENCY PROCEDURES FOR A CHILD WITH AN ANAPHYLACTIC ALLERGY Form.

Does your child wear a medic alert bracelet? Yes / No For: _____

Does your child have any symptoms indicative of ill health? Yes / No

If you answered "Yes", please explain:

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I have provided an additional individualized medical plan for my child. Yes / No

Are your child's immunizations up to date? Yes / No

If you have chosen not to immunize your child, please provide the required form completed by a legally qualified medical practitioner as to why your child should not be immunized.

Does your child have any special dietary or physical activity requirements? Yes / No
If you answered "Yes", please explain,

Any additional information we should be aware of:

Parent Information: Mother/ Guardian

Parent/Guardian Name: _____

Parent Address: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____ (cell)

Parent/Guardian Phone Number: _____ (work)

Which number is best to reach you at while your child is in care? _____

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Parent Information: Father/ Guardian

Parent/Guardian Name: _____

Parent Address: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____ (cell)

Parent/Guardian Phone Number: _____ (work)

Which number is best to reach you at while your child is in care? _____

- Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian? Yes / No

If you answered "Yes" please explain.

Emergency Contact:

Name: _____

Relationship to Child: _____

Phone Number: _____

Name: _____

Relationship to Child: _____

Phone Number: _____

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Authorized Pickup (if different from Parent/Guardian/Emergency Contact)

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Permission to walk home: Yes / No

Consent and Waivers: <https://edtechhive.com/after-school-programs-and-camp/>

- Liability Waiver: YES _____(initial)
- Medical Care Consent: YES _____(Initial) NO _____(Initial)
- Photograph Consent: YES _____(Initial) NO _____(Initial)
- Communicate via email: YES _____(Initial) NO _____(Initial)

By signing my name below, I certify that I have read the above information and it is correct. Any questions concerning my child(ren)'s registration have been reviewed and discussed. My signature also certifies my understanding of and agreement with the Consent and Waivers. I understand I am responsible for all charges.

Signature

First and Last Name

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Registration Consent and Waivers

CONSENT FOR EMERGENCY MEDICAL CARE

While every effort will be made to reach parents/guardians in the event of a medical emergency, we require your permission to authorize any Doctor to give necessary treatment in the event of such as emergency. I hereby grant permission for EDTECHHIVE to take whatever steps necessary to obtain emergency medical care. These steps may include but are not limited to the following:

1. Attempt to contact a parent/guardian
2. Attempt to contact the child's physician
3. Attempt to contact emergency contact person

If we cannot contact any of the above, we will call an ambulance and if necessary have the child taken to the emergency department of the hospital, in the company of a staff member. Any expense incurred under circumstances listed above will be paid by the child's family. EDTECHHIVE WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.

Permission to Use Photograph and Video

I hereby grant to EDTECHHIVE, its representatives and employees, the right to take photographs and videos of my child(ren) registered via this form and/or me and hereby consent to the use of such photographs and/or videos in EDTECHHIVE marketing and promotional materials, in print and/or electronically. I acknowledge and agree that EDTECHHIVE shall own all copyright in such pictures and videos. I agree that EDTECHHIVE may use such photographs and videos with or without our names for any marketing and/or promotional activity, including without limitation its Website, newspaper advertisements and social media without any compensation being payable and without any additional consent or authorization from us.

Liability Waiver (Mandatory Acceptance)

I, the undersigned, for myself and sponsored dependent and guest, assume full responsibility for death, or any other injuries or damages which may occur to me or my sponsored guests or dependents in, on, or about the premises of the facility and do hereby fully and forever release and discharge EDTECHHIVE employees, officers, agents, servants and independent contractors from any and all suits, claims damages cost and expenses of every kind, in conjunction with the use of the facility and equipment thereof except that arising out of the sole negligence or willful misconduct of EDTECHHIVE.

I, the undersigned, for myself and my sponsored dependents and guests further agree to use all related equipment, props and activity area properly and leave them in good condition. I, the undersigned, understand the activities which will be held during the program and have had my questions answered to my satisfaction. I, the undersigned, certify that the information I have given on my registration form is complete and accurate. By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored dependents and guests, and for my heirs and assigns intending to be legally bound.

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Consent to Communicate via Email (Mandatory Acceptance)

EDTECHHIVE uses email and other means electronic telecommunication to distribute information about the programs and activities. In accordance with Canada’s anti-spam legislation, we require your permission to communicate with you via email or other means of electronic telecommunications.

By registering my child(ren) in EDTECHHIVE programs, you are providing EDTECHHIVE with consent to communicate with you via electronic means of telecommunications. If, at any time, you wish to revoke this consent, please state such intention in writing to EDTECHHIVE at info@edtechhive.com

General Policies and Procedures

Inclement Weather Policy

In the event of inclement weather, EDTECHHIVE reserves the right to cancel programs. Programs cancelled due to inclement weather are non-refundable. Make-up classes will be considered on a case-by-case basis. In the event that make-up classes cannot be accommodated, a refund or credit towards another program for the amount of the missed class will be provided. Please note that this policy only applies to classes that are missed due to inclement weather and will not apply to classes missed due to personal illness, vacation, etc.

Notice of program cancellation due to inclement weather will be sent via email to the address provided by participants upon registration. Notice of program cancellation will also be posted on our Facebook page and on the homepage of our website. Notification of class cancellation will occur a minimum of 2 hours prior to the start of a program. If you have questions regarding our inclement weather policy, please do not hesitate to contact us at info@edtechhive.com or at (833) 399-1054.

Cancellation and Refund Policy

In order to request a refund, please email us at info@edtechhive.com with your name, child’s name, and order number. A full refund for a program may be provided prior to the start of the first class of a program or prior to the start of the second class of any program session. Refunds requested after the start of the second class of any program session will not be accommodated. Partial refunds for missed classes will not be accommodated. Refunds will be processed as either (a) a direct refund to the original method of payment or (b) a cheque.

Additional Payment-Related Fees

Non-sufficient funds fee – If a cheque is returned due to non-sufficient funds, a fee of \$35 will be applied to each cheque returned.

Terms and Conditions for Registration in EDTECHHIVE programs:

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I, the undersigned, agree to the following:

1. To enroll my child(ren) at EDTECHHIVE Programs.
 2. To provide EDTECHHIVE with all fees prior to the dates they are due.
 3. To notify EDTECHHIVE in advance if any person other than the parent/guardian is picking up my child/children.
 4. To advise EDTECHHIVE if there are any changes in the family relationship, including any changes to the custody/access of my child/children.
 5. I understand that absences due to illnesses or holidays and closures due to severe weather conditions and/or natural disasters are not exempt from payment.
 6. To keep my child/children from EDTECHHIVE programs if there is any question of illness; to notify EDTECHHIVE about any serious illness; and to call/inform EDTECHHIVE if my child/children will be absent from the program.
 7. That permission is granted to call a physician or ambulance in case of an emergency.
 8. To bring my child(ren) to the program on time and pick up my child(ren) on time.
 9. Agreed and follow all the terms, policies and procedures stated in the Policy and Procedure
 10. Extended care must be indicated and request upon confirmation of re-registration. No changes, cancellation or refund will be made after re-registration completed.
 11. It is the responsibility of parents/guardians to ensure that our child/children's immunization record is always up to date.
- EDTECHHIVE uses email and other means electronic telecommunication to distribute information about the programs and activities. In accordance with Canada's anti-spam legislation, we require your permission to communicate with you via email or other means of electronic telecommunications. By registering my child(ren) in EDTECHHIVE programs, you are providing EDTECHHIVE with consent to communicate with you via electronic means of telecommunications. If, at any time, you wish to revoke this consent, please state such intention in writing to EDTECHHIVE at info@edtechhive.com

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