



## Student Information

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Name of Student

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Address of Student

City

Postal Code

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Phone Number

Email Address

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Heath Card Number

## Guardian Information

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Name of Guardian

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Address of Guardian

City

Postal Code

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Phone Number

Email Address

## Alternate Emergency Contact

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Emergency Contact Name

Phone Number



**CHECKERED  
DOOR  
ACADEMY**

CHECKERED DOOR ACADEMY

t • 705-722-5627

f • 705-722-5628

director@checkered-door.com

Purchaser understands that there is no re-imbusement for absenteeism.

Please advise **Director** if student wishes to change or withdraw from services.

***Payment is due on the 15th of each month prior to the start of each module.***

I would like to make one payment for the full amount for the semester

I would like to make five monthly payments per semester, and I understand that a 2% fee will be added to my monthly amount.

Please use e-transfer and send your amount due to director@checkered-door.com.

Please retain your on-line bank receipt for your records. You will receive a Checkered Door Academy receipt by email following submission of your payment.

By signing this agreement, I acknowledge and understand the terms of payment as listed above.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Consultant

\_\_\_\_\_  
Date



## EXCURSIONS AGREEMENT

As a participant at the Checkered Door Academy, the student will be participating in a variety of group activities in the community as well as outside the community. Notifications of these excursions, transportation details and associated costs will be provided two to four weeks in advance.

Walking within a distance of 1 kilometer of the building to enjoy a park or other outdoor area or activity, in place of indoor exercise may take place without notification.

Student information, (parent contact numbers, medical information, and emergency contact numbers) contained in the student records will be taken along on any excursion and used only in the event of an emergency. Please ensure that all student information regarding address, phone numbers and medial health concerns is up to date.

By signing this Agreement, the Parent/Guardian gives permission for the student \_\_\_\_\_ to participate in excursions outside the Checkered Door Academy and authorizes the Academy's means of transportation upon advanced notice.

I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using information provided are not successful.

I/We understand that Checkered Door Academy staff will encourage behaviour that lines up with the Academy's values and will redirect behaviour as appropriate. Failure to change addressed behaviour may result in termination of participation and parent/guardian may be called to pick up student.

I/We understand that every excursion has an element of risk and that Checkered Door Academy will not be held responsible for any liability or medical expenses, due to any injury sustained by the client during excursions.

Health and Safety is our top priority for students participating in excursions. It is our goal to foster community inclusion by supporting the development of social skills while having FUN!

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Signature of Student

Date

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Signature of Parent or Guardian

Date

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Staff Witness

Date



## HEALTH AND SAFETY AGREEMENT

### Symptoms of COVID-19

Symptoms of COVID-19 can vary from person to person. Some of the more commonly reported symptoms include:

- New or worsening cough
- Shortness of breath or difficulty breathing
- Temperature equal to or over 38°C
- Feeling feverish
- Chills
- Fatigue or weakness
- Muscle or body aches
- New loss of smell or taste
- Headache
- Gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- Feeling very unwell

Students with these symptoms should remain home or may be sent home from Checkered Door Academy, note, some symptoms overlap with those of COVID 19

- Temperature equal to or over 38°C
- Vomiting- should be free of symptoms for 24 hours before returning to program
- Diarrhea- should be free of symptoms for 24 hours before returning to program
- Persistent nasal congestion, reddened eyes, sore throat, cough or headaches that disrupt the client's participation or pose a risk of disease transmission to others
- Unexplained skin eruptions or rashes. When in doubt, consult doctor
- Communicable illnesses in which you have been advised to remain home until cleared to return by your doctor
- If a student has a highly infectious condition such as impetigo or conjunctivitis
- Students identified with head lice (pediculosis) will be notified by the Program Manager or Inclusion Associate and will be required to seek treatment. The parent/guardian is required to keep the student home until the problem is cleared
- In the event of a serious medical incident, where professional medical services are required, a letter from a physician is required prior to commencing services

As the parent/caregiver, I understand that it is my responsibility to advise Checkered Door Academy of any occurring illness.

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Student Name (Print)

Parent/Caregiver (Print)

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Consultant

Date



## PHOTO CONSENT AUTHORIZATION

I \_\_\_\_\_, hereby give permission for Checkered Door Academy to use my photograph for the purposes of display advertising, newspaper features, promotional material, website/Facebook pages and updates to assist in the promotion of programs and services at Checkered Door Academy and to share success stories with our community.

I \_\_\_\_\_, understand that by signing this document that my photos that are being used for the above purposes cannot be removed or deleted.

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Signature of Student

Date

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Signature of Parent/Guardian

Date