

### G.A.T.E.WAYS Brainwaves Club™ 2012

We are now taking bookings for the Brainwaves Club 2012. Please phone G.A.T.E.WAYS to reserve a place for your child. Once we have confirmed a place is available, please complete the details below and send with payment (see options below) to G.A.T.E.WAYS, PO BOX 207, BLACKBURN, VICTORIA 3130 within 7 days.

**Dates:** Semester 1: 3/3 17/3 31/3 28/4 12/5 26/5 9/6 23/6  
 Semester 2: 28/7 11/8 25/8 8/9 13/10 27/10 10/11 24/11  
**Times:** Club Meeting: 12:50 pm – 4:00 pm  
**Fees:** Semester 1: \$455.00 (includes GST) payable on application and confirmation of place  
 A 5% discount is available for each sibling member – \$432.25  
**OR** a 5% discount is available for annual fee payments in advance - non-refundable - \$864.50  
**OR** a **non-refundable deposit** of \$100.00 before 23<sup>rd</sup> December 2011 to secure a place and the balance to be paid by 31<sup>st</sup> January 2012.  
**Nomination:** Please complete the nomination over the page.

#### Brainwaves Club™ APPLICATION/CONSENT FORM/TAX INVOICE – 2012

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year Level 2012: \_\_\_\_\_ Male / Female

School: \_\_\_\_\_ Teacher Contact: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: A.H. \_\_\_\_\_ B.H. \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: (Please print clearly) \_\_\_\_\_

**Venue of choice:** Ivanhoe Grammar School  Brighton Grammar School  Canberra Grammar School

CLUB FOCUS	YEAR	SEMESTER 1	SEMESTER 2
Books / Writing	2/3	<i>Apprentices</i>	<i>Apprentices</i>
Books / Writing	4/5	<i>Tolkiens</i>	<i>Tolkiens</i>
Maths/Science/Technology	2/3	<i>SciSpies</i>	<i>SciSpies</i>
Maths/Science/Technology	4/5	<i>Einsteins</i>	<i>Einsteins</i>
Cross curricular Activities	1	<i>DinoMites</i>	<i>DinoMites</i>

Does your child have any ongoing medical condition? YES / NO Please specify \_\_\_\_\_  
 (if your child is anaphylactic please attach a copy of his/her current ASCIA Action Plan (NO MORE THAN 12 MTHS OLD) signed by a doctor)

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency medication carried by your child: \_\_\_\_\_  
 (if your child has been prescribed an EpiPen, an in-date EpiPen must be brought to the program)

- In an emergency, if medical assistance is needed for my child, I consent to the staff of G.A.T.E.WAYS taking whatever steps are necessary. (Please note: We regret that G.A.T.E.WAYS staff is unable to dispense medication, except in an emergency).
- **Children should not bring products containing nuts to a club meeting**
- I agree that any photos taken of my child at the program can be used in G.A.T.E.WAYS publicity (no names to be used) YES NO
- I understand that once applications have been confirmed there will be no refunds. (It is important that you complete payment details below.)
- I understand G.A.T.E.WAYS is unable to do make-ups or give refunds for missed sessions

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### \*\*\* PLEASE COMPLETE PAYMENT DETAILS HERE \*\*\*

CHEQUE/MONEY ORDER: Drawer: \_\_\_\_\_ Bank: \_\_\_\_\_ Amount: \_\_\_\_\_ Semester: \_\_\_\_\_

CARD NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Amount: \_\_\_\_\_ Semester: \_\_\_\_\_

Please send this form/payment (cheque/money order made payable to G.A.T.E.WAYS or Credit Card details) to: G.A.T.E.WAYS, PO Box 207, Blackburn, 3130  
 \_A receipt and further details will only be sent if an email address is provided

**NOMINATION for Apprentices/SciSpies/Einsteins/Tolkiens**

Children who would best benefit from the Brainwaves Club should have some (but not necessarily all) of the following characteristics. The child may:

Possess superior powers of reasoning, of dealing with abstractions, of generalising from specific facts, of understanding meanings, and of seeing relationships; Have great intellectual curiosity; Learn easily and readily; Have a well-developed vocabulary and be interested in words; Have a good imagination; Enjoy writing; Have 'passions' in interest areas (may be short lived or of long standing); Have a long attention span which allows him/her to concentrate on and persevere in solving problems and pursuing interests; Exhibit keen powers of observation; Show alertness and quick response to new ideas; Have reading interests which cover a wide range of subjects; Complete work quickly ie. is an 'accelerated learner'; Be superior in Mathematics, particularly problem solving; Have an adult sense of humour; have an unusual capacity to acquire, integrate, retain and retrieve information; may have a strongly developed sense of justice; May thrive on complexity and see connections between ideas that may at first seem different; May appear poorly socialised with chronological age peers. ( a child's social peers correspond more closely to his/her mental, rather than age peers ).

( To be completed by adult who is not a family member) I nominate ..... for membership of the Brainwaves Club for the following reasons:

1. \_\_\_\_\_
2. \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Email: \_\_\_\_\_

**NOMINATION for DinoMites**

In order that children are able to cope with the activities designed by our DinoMite leaders we need to have teacher confirmation that prospective club members are ready and able to do all of the following:

Name of child: ..... (please tick boxes if appropriate)

- Can sit and listen attentively to instructions
- Can follow instructions without assistance
- Can sustain focus on an activity for 20 minutes at a time
- Is willing and able to write
- Can compose and write a sequence of at least three original and simple sentences
- In keeping with the club philosophy, is willing and able to work positively in group-based activities
- Will happily contribute to discussions

I believe ..... is ready to join the Brainwaves Club because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Email address: \_\_\_\_\_

