

G.A.T.E.WAYS Canberra 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, complete the details below and send with payment to G.A.T.E.WAYS, PO BOX 135, RED HILL, ACT 2603 within 7 days.

Canberra Dates: Semester 1: 18/2 3/3 17/3 31/3 12/5 26/5 9/6 23/6
 Semester 2: 11/08 25/08 8/09 22/9 27/10 10/11 24/11 8/12

Times: Club Meeting: 1.30 pm – 4:30 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 23rd December 2011 to secure a place - balance to be paid by 31st 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 (A) Brighton Grammar School (B) Canberra Grammar School (C)

CLUB FOCUS	YEAR	SEMESTER 1	SEMESTER 2
Books / Writing	2/3	Apprentices	Apprentices
Books / Writing	4/5/6	Tolkiens	Tolkiens
Maths/Science/Technology	2/3	SciSpies	SciSpies
Maths/Science/Technology	4/5/6	Einsteins	Einsteins
Cross curricular Activities	1	DinoMites	DinoMites

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 indate 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

The Nomination Form has been completed.

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 135, Red Hill, ACT 2603

A receipt and further details will only be sent if an email address is provided

G.A.T.E.WAYS Canberra Brainwaves Club – NOMINATION FORM

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

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).

NOMINATION for Apprentices/SciSpies/Einsteins/Tolkiens

(To be completed by an 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 DinoMites 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 DinoMites Club because

Signed: _____ Name: _____ School: _____

Email address: _____