

Children's Programming Registration Form

Alerts and Important information

[There is no Sunday Escape April 16th or May 21st 2017](#)

Spring Term March 26th – June 25th 2017

This form will need to be completed only once at the start of each three month term and updated only if you need to inform us of any changes.

What to send: Please send your child with indoor closed toe shoes, No boots in the program room please! Also send a knapsack, labeled water bottle, **appropriate outdoor clothing for being outside rain, snow or sun**, and lip balm if needed.

What not to send: Please don't send any outside food or toys, we may have kids in the program with allergies and small children who could choke on small toy parts. There is limited space for parking bikes and scooters, and a risk of theft since this is a public building and they would have to be parked in a common area so it's better to leave those behind!

Please make your best effort to drop off at the start time of the program as we may be leaving for outings.

[***Please remember if you do not receive a confirmation email you are not registered](#)

Children's Info

Child's Name: _____ Preferred name: _____

Birthdate: ____/____/____ Age: _____
(Day/Month/Year)

Name of Sibling (if also in attendance): _____

Contact Information

<u>Parent or Guardian #1</u>	<u>Parent or Guardian #2</u>
Full Name:	Full Name:
Relationship to Child:	Relationship to Child:
Phone number:	Phone number:
Alternative Number:	Alternative Number:
Email:	Email:
Home Address:	Home Address:

<u>Emergency Contact #1</u>	<u>Emergency Contact #2</u>
Full Name:	Full Name:
Relationship to Child:	Relationship to Child:
Phone number:	Phone number:
Alternative Number	Alternative Number

List of people who may pick up your child from our program. (They will be asked for identification)	

Medical Information

Health card Number: _____

Does your child have any **food allergies** or **dietary restrictions**?



Please list any **medical conditions** or/and **allergies**:

Please list any medication that needs to be distributed during our program:

Please list any **medications** your child is currently taking (please include dosage and frequency):

Does your child require an EpiPen? For which allergy is this required?

Medical/Risk Release

In the event of an accident, incident, or medical emergency I, _____ give permission for the staff at Ralph Thornton Center to administer First Aid and to obtain immediate medical assistance for my child, _____. I give permission for my child to be transported to a hospital by ambulance. I understand that every effort will be made to contact guardians immediately.

I _____, give my child, _____ permission to take part in community outings to local parks, libraries, and businesses.

Ralph Thornton Centre staff shall not be held responsible for any acquired injuries or loss of personal property. I also recognize that the right to participate depends upon the individual's respect for the program, properties, rules, equipment, and staff.

Ralph Thornton Centre cannot guarantee a nut or other allergy free zone. We cannot be held responsible if you child encounters allergies resulting in any allergic reactions.

Name: _____ Signature: _____ Date: _____

Ralph Thornton Centre respects your privacy. We adhere to all legislative requirements with respect to protecting your privacy. The information on this form will be used to process your application for program participation, to deliver services, and to keep you informed and up to date about Ralph Thornton Center activities.

Sunday Escape

In signing this registration package, you agree to stay within 30 minutes' travel time of the Ralph Thornton Centre in case we need you to return quickly in an emergency.

Period 1:

- **\$20.00** dollars per child
- **3:00pm - 5:30pm**
- One snack is provided

Period 2:

- **\$25.00** dollars per child
- Between **5:30pm - 8:00pm**
- Dinner, dessert, and snack is provided

****TOGETHER PERIODS 1&2 ARE \$40.00 DOLLARS AND INCLUDE ALL OF THE ABOVE***

Sunday Escape Spring session will be offered on the following dates:

Sunday Escape Dates	Please initial beside the date your child is planning to attend Period 1.	Please initial beside the date your child is planning to attend Period 2.	Paid	Received conformation email
April 2 nd 2017				
April 9 th 2017				
April 23 rd 2017				
April 30 th 2017				
May 7 th 2017				
May 14 th 2017				
May 28 th 2017				
June 4 th 2017				
June 11 th 2017				
June 18 th 2017				
June 25 th 2017				

For Office Use Only

***If you did not select specific dates you have the option to register and pay weekly.
Registration deadline each week which is Friday 5pm***

Contact

Email: info@ralphthornton.org

Phone: (416) 392-6810 ext. 221

P.A. DAY CAMP

P.A. Day Camp follows the TDSB Professional Activity Days.

- **\$50.00** dollars a day per child
- Between **8:30am - 6:00pm**
- Lunch and snacks provided

***If you did not select specific dates you have the option to register and pay individually.
Registration deadline is 5pm on the Wednesday prior to the P.A. day for which you wish to register***

P.A. Day Dates	Please initial beside the date your child is planning to attend.	Paid	Received conformation email
June 9 th 2017			
June 30 th 2017			

For Office Use Only

Contact

Email: info@ralphthornton.org

Phone: (416) 392-6810 ext. 221



After School Program 2017-2018

School: _____

Grade: _____ Classroom: _____ Teacher: _____

Pick Up and Safe Walk

At end of day dismissal, program staff will provide a pick up and safe walk from Morse Street Public School to Ralph Thornton Centre, will your child require this service? Yes or No

How will your child leave the After School Program?

Walk alone	Walk with friends	Parent pick-up	Other caregiver pick-up
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Which dates and times will your child be attending the After School Program?

Monday	Tuesday	Wednesday	Thursday	Friday

Additional comments or information you'd like us to be aware of: