

**REGISTRATION/AUTHORIZATION FORM
AFTER SCHOOL PROGRAMS – WINTER 2018**



Name of Child: _____

Session 1 – January 8, 2018 to February 2, 2018

Session 2 – February 12, 2018 to March 9, 2018

I would like to register my child for the following program(s):

Program	Session 1 Jan 8th – Feb 2nd	Session 2 Feb 12th - Mar 9th	Program	Session 1 Jan 8th – Feb 2nd	Session 2 Feb 12th - Mar 9th
Beginner Empower Karate Monday 4:30 pm – 6:00 pm			Mindful Balance Yoga Thursday 4:30 pm – 5:30 pm		
*Creative Space - Junior (ages 7-11) Monday 4:30 pm – 6:00 pm			*Stitch It - Junior (ages 7-11) Thursday 4:30 pm – 6:00 pm		
JAC Geniuses Tuesday 4:30 pm – 6:00 pm			*Chef's Catering - Senior (ages 12-17) Thursday 4:30 pm – 6:00 pm		
*Creative Space - Senior (ages 12-17) Tuesday 4:30 pm – 6:00 pm			Girl Talk (ages 12-17) Friday 4:30 pm - 6:00 pm		
*Stitch It - Senior (ages 12-17) Wednesday 4:30 pm – 6:00 pm			*Chef's Catering - Junior (ages 7-11) Friday 4:30 pm – 6:00 pm		
Digital Skills Session 1 ages 12-17 Session 2 ages 7-11 Wednesday 4:30 pm – 6:00 pm			In Position Dance Friday 4:30 pm - 6:00 pm		
*Craftastic Market Session 1 ages 7-11 Session 2 ages 12-17 Wednesday 5:30 pm – 7:30 pm			Teen Work Leaders In Training 8 week Program (ages 13-17)		
Intermediate/Advanced Empower Karate Wednesday 5:45 pm – 7:15 pm					

*Please note that due to a high volume of interest in the program, if registering for both session #1 and #2 registrants may be placed on a waitlist for one of the two sessions. Should space become available registrants will be enrolled in the order from which the registration forms are received.

**Please note that we request that parents call or email if their child will miss a program day. If two or more consecutive program days have been missed (without notice given to JAC staff) the participant may be removed from the program.

Name of Child: _____

Date of Birth: (MM/DD/YYYY) _____

Age _____

Home Address: _____

Home Phone Number: _____

School: _____

Grade: _____

Parent/Guardian Name _____ Phone Number: _____ Cell: _____

Parent/Guardian Name _____ Phone Number: _____ Cell: _____

Parent/Guardian Email _____

Parent/Guardian Email _____

Emergency Contact Name _____ Phone Number _____

Emergency Contact Name _____ Phone Number _____

Family Doctor Name and Phone Number: _____

OHIP Number: _____

Known Health Issues (including Allergies, Medical, and Special Needs): _____

Immunizations up to Date?

YES

NO

Authorized pick-up people (including parents)

1. _____ 2. _____

3. _____ 4. _____

In the event of any emergency and someone not listed must pick up your child, please call the Jean Augustine Centre for Young Women's Empowerment (JACYWE) at 416-253-9797 and inform the Executive Director. Please do not send anyone to pick up your child whom your child will not recognize. I understand that by signing below, I am agreeing that my child will only be released to the person(s) whom I have identified above

as Emergency Contact or Person to Pick-Up Child, and the person(s) will be required to show proof of identification.

I hereby release the JACYWE and its Staff from any legal liability and from all claims that may arise due to or relating to my child leaving the site with Emergency Contact or Person to Pick-up Child noted herein.

Parent/Guardian Initials: _____

Authorization for my child to walk/bike/bus home

My child has permission to leave the JACYWE site and walk/bike/bus home without adult supervision. I understand that the JACYWE and its staff are not responsible for my child's safety after this time. Walkers/bikers and those taking public transportation are not to leave the JACYWE before 6:30 p.m. (7:30 p.m. on Wednesday) unless a signed note has been sent by the parent.

Parent/Guardian Initials: _____

Field Trip Consent

I give permission for my child to attend programs and participate in off-site trips if they apply. I understand that the staff will take every precaution and care to ensure my child's safety. Adults accompanying the group will provide proper supervision and will exercise every precaution to avoid accidents. By signing below I am granting my child permission to attend field trips and agree to the terms discussed above.

Parent/Guardian Initials: _____

Photography Release

I give permission for JACYWE staff to take photographs of my child during programs for potential use in future promotional materials

Parent/Guardian Initials: _____

Food and Drink Consent

I give permission for JACYWE staff to give my child food or drink as part of the program

Parent/Guardian Initials: _____

I have read and understand the information presented in this packet. I agree to cooperate with all JACYWE procedures and regulations.

Parent/Guardian Signature: _____

Date: _____