

# REGISTRATION/AUTHORIZATION FORM

## AFTER SCHOOL PROGRAMS – SPRING 2018

Session 1: April 2, 2018 – May 4, 2018

Session 2: May 14, 2018 – June 22, 2018



Name of Child: \_\_\_\_\_

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

<u>Program</u>	<u>Session 1</u> Apr 2 <sup>nd</sup> - May 4 <sup>th</sup>	<u>Session 2</u> May 14 <sup>th</sup> - June 22 <sup>nd</sup>	<u>Program</u>	<u>Session 1</u> Apr 2 <sup>nd</sup> - May 4 <sup>th</sup>	<u>Session 2</u> May 14 <sup>th</sup> - June 22 <sup>nd</sup>
Beginner Empower Karate Monday 4:30 pm – 6:00 pm			Intermediate/Advanced Empower Karate Wednesday 5:45 pm – 7:15 pm		
*Creative Space - Seniors (12-17yrs) Monday 4:30 pm – 6:00 pm			Mindful Balance Yoga Thursday 4:30 pm – 5:30 pm		
JAC Geniuses Tuesday 4:30 pm – 6:00 pm			*Stitch It - Juniors (7-11yrs) Wednesday 4:30 pm – 6:00 pm		
*Creative Space - Juniors (7-11yrs) Tuesday 4:30 pm – 6:00 pm			*Chef's Catering - Seniors (12-17yrs) Thursday 4:30 pm – 6:00 pm		
Reader to Reader Wednesday, Thursday 3:15 pm – 4:15 pm			Rhythm in Motion Friday 4:30 pm – 6:00 pm	<b><u>Ballet Creole</u></b>	<b><u>Hip Hop</u></b>
*Stitch It - Seniors (12-17yrs) Wednesday 4:30 pm – 6:00 pm			*Chef's Catering - Juniors (7-11yrs) Friday 4:30 pm – 6:00 pm		
Digital Skills Wednesday 4:30 pm – 6:00 pm			Girl Talk (12-17yrs) Friday 4:30 pm – 6:00 pm		
*Craftastic Market Wednesday 5:30 pm – 7:30 pm	<b><u>7-11yrs</u></b>	<b><u>12-17yrs</u></b>	Teen Work Leaders In Training (13-17yrs)		

\*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 \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
Name Number:

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
Name Number:

Parent/Guardian \_\_\_\_\_  
Email

Parent/Guardian \_\_\_\_\_  
Email

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

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 6:00 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: \_\_\_\_\_