

REGISTRATION/AUTHORIZATION FORM

SPRING 2019 AFTER-SCHOOL PROGRAMS



Name of Child: _____

Session 1 – Monday, April 1st – Friday, May 10th

Session 2 – Monday, May 20th – Friday, June 28th

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

<u>Program</u>	<u>Session 1</u>	<u>Session 2</u>
Empower Martial Arts (Beginner) Mon 4:30 pm – 6:00 pm (7-17 yrs.)		
New Program Artz Space- Batik (Senior) S1 Mon 4:30 pm – 6:00 pm (12-17 yrs.)		
Reader to Reader Tues 3:30 pm – 4:15 pm (7-12 yrs.)		
JAC Geniuses Tues 4:30 pm – 6:00 pm (7-17 yrs.)		
Artz Space (Junior) Tues 4:30 pm – 6:00 pm (7-11 yrs.)		
New Program Use your Voice Wed 4:30 pm – 6:00 pm (10-15 yrs.)		
Craftastic Market Wed 4:30 pm – 6:00 pm S1 7-11yrs. / S2 12-17 yrs.		
Empower Martial Arts (Inter/Adv) Wed 4:30 pm – 6:00 pm (7-17 yrs.)		
Chef's Catering (Senior) Thurs 4:30 pm – 6:00 pm (12-17 yrs.)		
Stitch It (Junior) Thurs 4:30 pm – 6:00 pm (7-11 yrs.)		
S.T.E.A.M. Girls Thurs 4:30 pm – 6:00 pm (7-14 yrs.)		
Chef's Catering (Junior) Fri 4:30 pm – 6:00 pm (7-11 yrs.)		
New Program Rhythm In Motion- Hip Hop S1 12-17 yrs./ S2 7-11 yrs.		

*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: _____

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

Age: _____

Home Address: _____

Primary Phone Number: _____

School & Grade: _____

Parent/Guardian Name & Phone #: _____

Parent/Guardian Name & Phone #: _____

Parent/Guardian Email(s): _____

Emergency Contact(s) Name & Phone #: _____

Family Doctor Name & Phone #: _____

OHIP #: _____

Known Health Issues: _____

(including Allergies, Medical or Special Needs): _____

Immunization Up to Date (YES or NO)? _____

Authorized Pickup People: _____

In the event of any emergency and someone not listed must pick up your child, please call the Jean Augustine Centre at 416-253-9797 to inform staff. 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 JAC 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: _____

I authorize my child to:

Walk/Bike/Bus Home Alone – I give permission for my child to go home without adult supervision. I understand that JAC and its staff are not responsible for my child’s safety after this time. Children going home alone are not to leave the JAC before scheduled program end time (unless a signed note has been sent by the parent/guardian).

Parent/Guardian Initials: _____

Attend Field Trips - 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 initialling 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 JAC 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 JAC to give my child food & 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 JAC procedures and regulations.

Parent/Guardian Signature: _____

Date: _____

****Would you like to be contacted via text message about J.A.C.’s programs, workshops and events? Yes No**