

# REGISTRATION/AUTHORIZATION FORM

## FALL 2019 AFTER-SCHOOL PROGRAMS



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

Session 1 – Monday, Sep 16<sup>th</sup> – Friday, Oct 25<sup>th</sup>

Session 2 – Monday, Nov 4<sup>th</sup> – Friday, Dec 13<sup>th</sup>

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

<u>Program</u>	<u>Session 1</u>	<u>Session 2</u>
<b>Empower Martial Arts (Beginner)</b> Mon 4:30 pm – 6:00 pm (7-17 yrs.)		
<b>Artz Space (Junior)</b> Mon 4:30 pm – 6:00 pm (7-11 yrs.)		
<b>Reader to Reader</b> Tues 3:30 pm – 4:15 pm (7-12 yrs.)		
<b>JAC Geniuses</b> Tues 4:30 pm – 6:00 pm (7-17 yrs.)		
<b>Artz Space (Senior)</b> Tues 4:30 pm – 6:00 pm (12-17 yrs.)		
<b>*New Program* Use Your Voice</b> Wed 4:30 pm – 6:00 pm (9-14 yrs.)		
<b>Craftastic Market</b> Wed 4:30 pm – 6:00 pm <b>S1- Senior</b> (12-17yrs.) / <b>S2- Junior</b> (7-11 yrs.)		
<b>Empower Martial Arts (Inter/Adv)</b> Wed 4:30 pm – 6:00 pm (7-17 yrs.)		
<b>Chef's Catering (Senior)</b> Thurs 4:30 pm – 6:00 pm (12-17 yrs.)		
<b>Stitch It (Junior)</b> Thurs 4:30 pm – 6:00 pm (7-11 yrs.)		
<b>*New Program* HER Spot</b> Thurs 4:30 pm – 6:00 pm (10-14 yrs.)		
<b>Chef's Catering (Junior)</b> Fri 4:30 pm – 6:00 pm (7-11 yrs.)		
<b>Rhythm In Motion- Hip Hop</b> Fri 4:30 pm – 6:00 pm (7-17 yrs.) <b>S1</b> 12-17 yrs./ <b>S2</b> 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/or 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.

I hereby waive any claim against the JAC and/or its staff which may arise from any injury the said name on this application may incur as a result of her participation in program activities.

**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:** \_\_\_\_\_

**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**