

## Children's Programming Registration Form

### Alerts and Important information

[Sunday Escape does not operate on long weekends.](#)

#### Session dates:

This form will need to be completed annually

**What to send:** Please send your child with indoor closed toe shoes, Also send a knapsack, labeled water bottle, **appropriate outdoor clothing for being outside rain, snow or sun.**

**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**?

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

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

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

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

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Please identify and explain any special needs or exceptionalities as they pertain to you child:

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### **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.

## Multimedia Consent Form

I, \_\_\_\_\_ give the Ralph Thornton Centre (RTC) permission to a) photograph, b) videotape, c) make an audiotape of, d) post on any of the Ralph Thornton Centre's social media handles (i.e. Facebook, twitter, website, etc.) e) film and/or interview me or the children named below.

I also give the RTC permission to publish the photographs, videotapes, audiotapes, films and/or interviews it makes for use in RTC publications and printed material. The publications can include marketing and promotional materials.

The photographs, videotapes, etc. shall be the exclusive property of RTC. The photographs etc. may be reproduced by RTC and anyone it has authorized. No compensation or payment will be given to the individual(s) in the photographs, videotapes, etc.

### **Please Print**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent or Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Food Allergy/Dietary Needs

Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Participant's Physician.

### **Food Allergy**

Dairy  Soy  Eggs  Peanuts  Tree nuts

Fish  Shellfish  Sesame  Corn  Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)

Other, please list: \_\_\_\_\_

Other Special Diet needs or restrictions \_\_\_\_\_

### **Dietary Needs Questionnaire Please answer the following questions to better help us with your needs:**

1. What are the preferred food substitutions, if any? (soy butter for peanut butter, glutenfree breads, soy milk etc):

2. What types of contact will cause a reaction?  Airborne  Trace Cross Contact  Actual ingestion of food

Please explain:

3. Does the Participant understand the food allergy and what needs to be done to manage it?

4. Has the Participant ever attended camp or eaten meals outside the home? If yes, how were the meals handled?

5. Is there any other information you would like to share to help us meet the Participant's needs?

## 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:

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## P.A. DAY CAMP

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

- **\$60.00** 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
October 6 <sup>th</sup> 2017			
November 17 <sup>th</sup> 2017			
December 1 <sup>st</sup> 2017			
January 19 <sup>th</sup> 2018			
February 16 <sup>th</sup> 2018			
June 8 <sup>th</sup> 2018			
June 29 <sup>th</sup> 2018			

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### Contact

Email: [info@ralphthornton.org](mailto:info@ralphthornton.org)

Phone: (416) 392-6810 ext. 221

## 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 Fall session will be offered on the following dates:

<b>Sunday Escape Dates</b>	Please initial beside the date your child is planning to attend <b>Period 1.</b>	Please initial beside the date your child is planning to attend <b>Period 2.</b>	Paid	Received confirmation email
September 10 <sup>th</sup> 2017				
September 17 <sup>th</sup> 2017				
September 24 <sup>th</sup> 2017				
October 1 <sup>st</sup> 2017				
October 15 <sup>th</sup> 2017				
October 22 <sup>st</sup> 2017				
October 29 <sup>st</sup> 2017				
November 5 <sup>th</sup> 2017				
November 12 <sup>th</sup> 2017				
November 19 <sup>th</sup> 2017				
November 26 <sup>th</sup> 2017				
December 3 <sup>rd</sup> 2017				
December 10 <sup>th</sup> 2017				
December 17 <sup>th</sup> 2017				

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Sunday Escape Winter session will be offered on the following dates

<b>Sunday Escape Dates</b>	Please initial beside the date your child is planning to attend <b>Period 1.</b>	Please initial beside the date your child is planning to attend <b>Period 2.</b>	Paid	Received confirmation email
January 7 <sup>th</sup> 2018				
January 14 <sup>th</sup> 2018				



January 21 <sup>st</sup> 2018				
January 28 <sup>th</sup> 2018				
February 4 <sup>th</sup> 2018				
February 11 <sup>th</sup> 2018				
February 25 <sup>th</sup> 2018				
March 4 <sup>th</sup> 2018				
March 11 <sup>th</sup> 2018				
March 18 <sup>th</sup> 2018				
March 25 <sup>th</sup> 2018				
April 8 <sup>th</sup> 2018				
April 15 <sup>th</sup> 2018				
April 22 <sup>nd</sup> 2018				
April 29 <sup>th</sup> 2018				
May 6 <sup>th</sup> 2018				
May 13 <sup>th</sup> 2018				
May 27 <sup>th</sup> 2018				
June 3 <sup>rd</sup> 2018				
June 10 <sup>th</sup> 2018				
June 17 <sup>th</sup> 2018				
June 24 <sup>th</sup> 2018				

Sunday Escape Summer session will be offered on the following dates

<b>Sunday Escape Dates</b>	Please initial beside the date your child is planning to attend <b>Period 1.</b>	Please initial beside the date your child is planning to attend <b>Period 2.</b>	Paid	Received conformation email
July 8 <sup>th</sup> 2018				
July 15 <sup>th</sup> 2018				
July 22 <sup>nd</sup> 2018				
July 29 <sup>th</sup> 2018				
August 12 <sup>th</sup> 2018				
August 19 <sup>th</sup> 2018				
August 26 <sup>th</sup> 2018				

\*\*\*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

Registration 2017/2018



Email: [info@ralphthornton.org](mailto:info@ralphthornton.org)

Phone: (416) 392-6810 ext. 221