



DOORSTEPS

NEIGHBOURHOOD SERVICES



COMMUNITY DEVELOPMENT PROGRAMS & SERVICES IN 3 NORTHWEST TORONTO NEIGHBOURHOOD - CHALKFARM, DAYSTROM & FALSTAFF

Doorsteps Neighbourhood Services After School Program-2016-2017

LOCATION: _____

Registration Date: _____

For registration and medical purpose, we need to have the following information. In case of an emergency, this information will be at our immediate disposal. Please fill out this form completely.

PLEASE PRINT CLEARLY.

Family Code: _____

Child's Last Name	Child's First Name	Preferred Name
Date of Birth (DD/MM/YYYY)	Age	Grade Gender

Contact Information: EMAIL: _____

Parent 1:	Last Name:	First Name:	
	Full Address:		
	Home #:	Cell #:	Work #:
Parent 2:	Last Name:	First Name:	
	Full Address:		
	Home #:	Cell #:	Work #:
Emergency Contact: (Someone Other than parents)	Last Name:	First Name:	
	Relationship to Child:		
	Full Address:		
	Home #:	Cell #:	Work #:

Check those that apply [] I allow my child to go home alone [] I give permission to the person listed below to pick up my child

Name of pick-up person: _____ Phone #: _____

Health Card # _____



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(Please attach a photocopy of the card)

Allergies: _____

Food Restrictions: _____

Will your child need medication during the day? [] Yes [] No

If yes, please explain: _____

I will allow my child to be taken to the hospital in the event of an emergency: [] Yes [] No

Does your child have any special needs (behavioural, emotional, and physical)? [] Yes [] No

If yes, please explain: _____

Are there any activities that your child SHOULD NOT participate in? [] Yes [] No

If yes, please explain: _____

Consent Agreement:

Although it is understood that all reasonable precautions shall be taken to prevent personal injury and/or damage and/or loss of property, Doorsteps Neighbourhood Services is hereby absolved and released from any and all responsibilities for personal injury and/or damage and/or loss of property howsoever caused, resulting from any of the recreational programs operated by the same in which I allow my child to participate. I hereby grand permission for my child to participate in Doorsteps After School Program.

I also hereby consent to my child, _____ being filmed and/or photographed by Doorsteps Neighbourhood Services and their agents for the purpose of promotion.

Signature of Parent/Guardian: _____

Date: _____