

Registration Date:

Discharge Date:

# SAN ROMANOWAY REVITALIZATION ASSOCIATION

Boys and Girls Club Program

## Registration Form

2021 – 2022 School Year

Payment:

\$600.00

\$300.00 with registration

\$300.00 Nov 22/21

10 San Romanoway Ground Floor-North Wing, Toronto, ON M3N 2Y2

Phone: (416) 739-7949 Fax: (416)-739-8079 Email: sra@rogers.com Website: www.srra.ca

**Please submit a separate registration form for each child. The annual fee is \$500.00 per school year.**

**Payment of \$250.00 must be received with registration with balance due November 22, 2021.**

Your information is very important to your child and us, please complete all the sections clearly **IN PRINT**.

### **PART A – PERSONAL INFORMATION:**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
First name Last name day/month/year

Name of School: \_\_\_\_\_ Classroom/Portable #: \_\_\_\_\_

Health Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ VC: \_\_\_\_\_ Expiry: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **PART B – PRIMARY CONTACT (Parent/Guardian):**

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Cell phone/Work/Alternative: \_\_\_\_\_ Email: \_\_\_\_\_  
(Please circle)

### **Parent/Guardian (primary contact) work/school information:**

Name of Company OR School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **PART C – EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED):**

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell phone/Work/Alternative #: \_\_\_\_\_  
(Please circle)

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**PART D – MEDICAL INFORMATION:**

Does your child have any allergies and/or medical conditions? If yes, please explain.

Will your child be carrying or requiring any prescribed medication to be taken and/or administered at the Boys and Girls Homework Program?

Does your child have any health or behavioural condition we should know about (for example, diabetes, heart disease, hearing difficulties, emotional/behavioural concerns, learning difficulties, etc.)?

Has your child had any history of communicable (infectious) diseases; i.e. tuberculosis, measles, mumps, etc., if so please list below:

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**PART E– DIET**

Are there any foods that your child(ren) does not eat?

Are there any food(s) that your child(ren) are allergic to?

Is your child(ren) a vegetarian and if so, which foods do they not eat?

NOTES: Is there anything else we should know about your child's dietary needs?

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**PART F – Consent To Pick-Up and Release Child from Program:**

**Staff will pick up children from Driftwood Public and St. Charles Catholic Schools at the end of the school day. If your child is not at school that day, please inform program staff by 2:30 pm the latest.**

- For the safety of your child, please include complete and correct information on person(s) authorized to pick up your child.
- Please remember, appropriate individuals must be at least 16 years of age.
- Identification will be required if staff are unfamiliar with a person arriving to pick up your child.
- Children will not be released from program to anyone other than those listed below.
- The primary parent/guardian must contact program staff if there will be any changes to who may or may not pick up your child.
- Children are not permitted to leave program on their own or with other children/siblings (under the age of 16).
- We Thank You for your understanding and cooperation.

Name of child(ren) \_\_\_\_\_

I, \_\_\_\_\_, parent/legal guardian of the above named child, hereby consent to have my child picked up by any of the following individuals:

<b>Name</b>	<b>Relation to Child</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Parent's Signature</b>	<b>Witness</b>	<b>Date</b>
_____	_____	_____

**PART G – BUS INFORMATION (If Applicable):**

**Pick up time at program:** \_\_\_\_\_

Bus #: \_\_\_\_\_ Bus Company \_\_\_\_\_ Phone # \_\_\_\_\_

**Drop off time at program:** \_\_\_\_\_

Bus #: \_\_\_\_\_ Bus Company \_\_\_\_\_ Phone # \_\_\_\_\_

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**PART H – AUTHORIZATION TO PARTICIPATE:**

- I hereby give consent for my child(ren) to participate in the San Romanoway Revitalization Association Breakfast and After school Homework Program;
- In case/s of emergency for medical treatment during their participation, I hereby give permission for treatment to be administered by staff or a physician in the emergency care unit selected by the San Romanoway Revitalization Association;
- I further release the San Romanoway Revitalization Association from all claims and damages due to accident or injury, because of my child participation in the program;
- I will ensure that each day, a responsible adult (minimum age of 16) will accompany my child to and from the program. San Romanoway Revitalization Association will not allow and cannot be held responsible for children who come to or leave the program alone;
- **Late fee charge:** After school Program will be closed promptly at 6:00 PM (**5:30 PM on PA Days**). Picking up of children should be arranged before this time. Failure to do so, a late fee will be charged. For every minute you are late there will be a one dollar charge per child. For example 5 minutes = \$5.00  
This applies even if you call the office ahead of time to notify us of your lateness.  
(The charge will be per child and not per family. Example: parents of two (2) children in the programs comes at 6:05 PM – the charge is \$10.00, etc;)
- I have read and understand our program’s Policy and Code of Conduct.
- All information provided in this package is true and correct.

Yes [ ]

No [ ]

**PHOTO RELEASE:** I authorize the San Romanoway Revitalization Association to take photographs of the listed participants at the program for publicity and promotion purposes only.

Yes [ ]

No [ ]

**I have read, understood, and agree to all the conditions stated above.**

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**Signature of Parent/Guardian**

**Date**

**STUDENT PROFILE**

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

**Child lives with:** \_\_\_\_\_

**Childs attributes:** \_\_\_\_\_

\_\_\_\_\_

**Present Medication being taken by child:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous or Present Trauma experience(s) by the child:**

\_\_\_\_\_

**Current Reading Level:** \_\_\_\_\_

**Current Writing Level:** \_\_\_\_\_

**Language Spoken:** \_\_\_\_\_

**Is the child easily distracted or angered:**

**Is there anything else we should know about your child, which will help us give your child a positive experience?**

\_\_\_\_\_

\_\_\_\_\_