

Registration Date: _____

Discharge Date: _____

SAN ROMANOWAY REVITALIZATION ASSOCIATION

Breakfast/Afterschool Program

Registration Form

2023 – 2024 School Year

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

Phone: (416) 739-7949

Email: sra@rogers.com

Website: www.srra.ca

Payment:

- \$1000.00 / year
- \$350.00 registration
- \$325.00 Nov 21, 2023
- \$325.00 Feb 21, 2024

Please submit a separate registration form for each child. Payment can be made in full or in three (3) installments.

First Payment \$350.00 with registration.

Second Payment \$325.00 by Nov 21st, 2023, Third Payment \$325.00 by Feb 21, 2024.

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: _____ City: _____

Postal Code: _____ Telephone (home): _____

(work): _____ Cell phone/Work/Alternative #: _____

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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 Breakfast and/or Afterschool 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:

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:

Name	Relation to Child	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature	Witness	Date
_____	_____	_____

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 X number of children
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 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.

Signature of Parent/Guardian

Date

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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: yes no

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