



**PROGRAM SELECTION - Complete one application for each youth. PLEASE PRINT**

**Fall Session: will start the week of October 11th 2022** To submit your application:

**Spring Session: Starts the Week of March 21st 2023**

LED Location:  
 Humber Summit       Valley Park  
 Gulfstream

- email to [offerschool@moorelands.ca](mailto:offerschool@moorelands.ca)
- fax to 416-466-0727
- bring it on the first day of program (spaces are limited, applications will be accepted on a first come, first serve basis)

**PARTICIPANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Most Commonly Used Name (if different then first name): \_\_\_\_\_  Boy  Girl

Birth date (Day/Month/Year): \_\_\_\_\_ Grade as of September 2022: \_\_\_\_\_

Has the participant attended a Moorelands program before?  Yes  No

If **YES**, which one(s) \_\_\_\_\_

**MEDICAL and SOCIAL INFORMATION**

1. Health Card # \_\_\_\_\_ Expiry date: \_\_\_\_\_

2.  I have attached a copy of my child's health card to this application as it is a requirement of the application process

3. Does your child have allergies?  Yes  No If **yes**, list allergies: \_\_\_\_\_

4. Does your child carry an Epi-Pen?  Yes  No If **yes**, what causes the reaction: \_\_\_\_\_  
 If your child carries an Epi-Pen, have they been trained to use it?  Yes  No

5. Does your child have food restrictions?  Yes  No If **yes**, please list \_\_\_\_\_

6. Does your child currently take any medication?  Yes  No  
 If **yes**, list the medication name, dosage, and for what condition: \_\_\_\_\_

7. Does your child have (Please circle):

Asthma	Diabetes	Autism Spectrum Disorder (ASD)	Anxiety	Emotional Difficulties
Epilepsy	ADD/ADHD	Angry Outbursts	Depression	Behavioural Issues

8. Please describe other current/past injuries or illnesses that we should be aware of: \_\_\_\_\_

9. Is your child experiencing any social, emotional, or behavioral difficulties that may affect their time at the program? \_\_\_\_\_

10. Is there any other information we should know to provide the best possible experience for your child? \_\_\_\_\_

**FAMILY INFORMATION**

<p><b>Name of Parent/ Guardian 1:</b>          Please circle: Mr. / Mrs. / Ms. / Dr.</p> <p>_____          (First Name) (Last Name)          Relationship to Participant: _____          Home Address: _____ Unit # _____          City: _____ Province: _____ Postal Code: _____          Home Phone Number: (_____) _____          Business Phone: (_____) _____          Cell Phone: (_____) _____          Email: _____</p>	<p><b>Name of Parent/ Guardian 2:</b>          Please circle: Mr. / Mrs. / Ms. / Dr.</p> <p>_____          (First Name) (Last Name)          Relationship to Participant: _____  <input type="checkbox"/> Check if the address is the same as Parent 1, otherwise please complete          Home Address: _____ Unit # _____          City: _____ Province: _____ Postal Code: _____          Home Phone: (_____) _____          Business Phone: (_____) _____          Cell Phone: (_____) _____          Email: _____</p>
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Who has legal custody of this child:  Joint  Mother  Father  Guardian

## Other Important Information

**EMERGENCY CONTACT INFORMATION:** This is someone who is available if Moorelands cannot get in contact with the parent or guardian.

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Home Safely:** Please indicate the routine for getting your child home from Program. Indicate all that apply.

1. My child will be picked up by (Names and Relationships): \_\_\_\_\_  
\_\_\_\_\_

2. My child will go home on their own:  Yes  No

3. Is there anyone who **should not** pick up your child:  Yes  No Name and Relationship: \_\_\_\_\_

**To ensure the safety of your child please inform staff of any changes to your routine**

**Program starts when  
school ends and ends  
at 5:15 PM**

**The following information is requested for statistical purposes:**

Parent/Guardian country of origin: \_\_\_\_\_ Child's country of origin: \_\_\_\_\_ Language Spoken at home: \_\_\_\_\_

## Conditions of Registration

- I give permission for the above named child to participate fully in both on and off site activities and trips, unless otherwise indicated in writing.
  - I give permission for the above named child to participate fully in questionnaires or surveys, unless otherwise indicated in writing.
  - I give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Moorelands Community Services will attempt to contact me at the telephone numbers listed on this form. Moorelands Community Services will not accept financial responsibility for such services/ treatment. Having taken all reasonable precautions, neither Moorelands Community Services nor any organization working with the Moorelands Community Services in a program shall be held responsible for any accident or sickness of this child.
  - I give permission for a representative from Moorelands Community Services to share/obtain information about above named child from this child's emergency contact as indicated on this form.
  - I agree to the use of photographs, digital images, video or audio recordings at this child **without consideration** for the purpose of public education and publicity for Moorelands Community Services I agree that any such photographs, negative, slides, digital images, video or audio recording shall be the sole property of Moorelands Community Services.
  - The City Programs Manager reserves the right to send a participant home who in his/her opinion is a risk to the safety or rights of others or who appears to have rejected the reasonable expectations of the program.
  - There will be no reduction or refund of fees for participants who are absent, or who are sent home. There is no refund for cancellations received 7 days after the start of the registered program.
  - The parent/guardian submitting this application are those having legal custody over the child and are legally responsible for the payment of fees and any other expenses incurred by the child.
  - I hereby certify that I have read and accept all the above conditions. Application cannot be accepted without parent/guardian signature.
- MOORELANDS collects personal information about participants in its programs to be able to communicate effectively with and provide services to, these participants and the community served by MOORELANDS. For information about MOORELANDS Personal Information Policy please see our web site at [www.moorelands.ca](http://www.moorelands.ca)
- Once registration is open, completed applications are processed as received, assessed according to need, space availability and at the discretion of the City Programs Manager. Incomplete applications will not be processed.**

**SIGNED** \_\_\_\_\_ **DATE(month/day/year):** \_\_\_\_\_ **Relationship to Participant:** \_\_\_\_\_

### FOR OFFICE USE ONLY

**Program:**  Fall 2022  Spring 2023

**Notes:**