

Moorelands Kids Budding Leaders After-School Teams (BLAST) Program

251 Consumers Road Unit 601 Toronto, ON M2J 4R3

Program information and how to apply: visit our website at www.moorelands.ca/blastparents **Contact Us:**

Email: Afterschool@moorelands.ca Phone: 416-466-9987 x305 Fax: 416-466-0727

Registration is on a firstcome, first-served basis for children registering for 3 or more days. All other applications will be processed if space is available.

PROGRAM SELEC	CTION - Complete	one application for each	child. PLEASE P	RINT						
School (Please check): Grenoble Gateway Thorncliffe Semester 1: Oct 31-Dec 16 2022 Semester 2: Jan. 9th—June 1st, 2023										
Which day(s) would	you like to have your	child attend program:	□ Mondo	ıy 🗆 Tuesday 🗈	Wednesday □Thursd	lay □Friday				
PARTICIPANT IN	FORMATION									
Last Name: First Name:										
Most Commonly Used	d Name (if different t	hen first name):			□ Boy □ G	irl				
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 # _			Ехр	ry date:						
2. I have attached a <u>copy of my child's health card</u> to this application as it is a <u>requirement</u> of the application process										
3. Does your child have allergies? \square Yes \square No If yes , list allergies:										
4. Does your child carry an Epi-Pen? \square Yes \square No \square If yes , what causes the reaction: If your child carries an Epi-Pen, have they been trained to use it? \square Yes \square No										
5. Does your child have food restrictions? \square Yes \square 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 ch	nild have (Please circ	:le):								
Asthma	Diabetes	Autism Spectrum Disorder (ASD)		Anxiety	Emotional D	ifficulties				
Epilepsy	ADD/ADHD	Angry Outbursts		Depression	n Behaviourd	al Issues				
8. Please describe	other current/past in	uries or illnesses that we	e should be av	vare of:						
9. Is your child expe	eriencing any social,	emotional, or behavior	ral difficulties t	nat may affect t	neir time at the progra	am?				
10. Is there any other	er information we sho	uld know to provide th	e best possible	e experience for	your child?					
FAMILY INFORM	ATION									
Name of Parent/ Gu		Name of Parent/ Guardian 2:								
Please circle: Mr. / N		Please circle: Mr. / Mrs. / Ms. / Miss.								
(First Name) (Last Name)			(First Name) (Last Name) Relationship to Camper:							
Relationship to Camper: Home Address:Unit #			☐ Check if the address is the same as Parent 1, otherwise please complete							
City: Pro	Home Address: Unit #									
Home Phone Numbe	City: Province: Postal Code:									
Business Phone:(Home Phone:()								
Cell Phone: ()	Business Phone:()									
Email:		Cell Phone: ()								
	Who has legal custo	ody of this child: 🗆 Join	nt 🗆 Mother	□ Father □ G	uardian					

Other Important Information									
EMERGENCY CONTACT INFORMATION: This is someone who is availed	able if Moorela	ınds <u>cannot</u> get	in contact with the	parent or guardian.					
Name:	Home Ph	one: ()						
Relationship to Participant:	Business F — Cell Phor	Phone: ()							
Home Safely: Please indicate the routine for getting your child home from	om Program.			gram pick up time					
My child will be picked up by (Names and Relationships):				is between 5:15pm—5:45pm.					
My child will go home on their own: □ Yes □ No									
 My child will go home on their own: \(\text{Yes} \) \(\text{I No} \) Is there anyone who should not pick up your child: \(\text{I Yes} \) \(\text{I No} \) Name and Relationship:									
To ensure the safety of your child please in	nform staff of	any changes	to your routine						
The following information is requested for statistical purposes:									
Parent/Guardian country of origin: Child's country	of origin:		Language Spoken c	at home:					
REGISTRATION FEES		1							
Full Year Participants: Semester 1 fees are paid with the application	on.	Fee Chart							
Semester 2 fees are paid in January 2022. Participants registered in Semester 1 have a spot for the same of Semester 2, if they would like to continue in the program. Semester 2 Only Participants: If spaces are available, fees are paid	-	If you child comes	Semester 1 Fee (Oct—Dec 2022) One time paymen						
registration is confirmed. THERE ARE NO REFUNDS FOR CANCELLATIONS RECEIVED 14 DAYS A		1 day/week	\$15	\$25					
START OF THE REGISTERED PROGRAM.	AFIEK INE	2 days/week	\$30	\$50					
Payment Method:		3 days/week	\$45	\$75					
□ Cash \$		4 days/week	\$60	\$100					
□ Cheque \$		5 days/week	\$75	\$125					
(payable to: Moorelands Community Services) □ Credit		circle): VIS	A Master Card	t					
Payment schedules can be arranged with the City Program Managers to ensure the fee is accessible for every family. Fees may be reduced or waived on an individual basis. Card Holder Name (please print):									
Please read the following terms and conditions of registration and sign your name below									
Please read the following terms and conditions of registration and sign your name below TERMS AND CONDITIONS OF REGISTRATION 1. give permission for the above named child to participate fully in questionnaires or surveys, unless otherwise indicated in writing. 2. I understand that as parent or guardian of the above named child, I am responsible for the supervision and safety of this child in whichever setting I have decided is appropriate for the child to access the program if in an online format. 3. 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 4. I give permission for a representative from Moorelands Kids to share/obtain information about the above named child from this child's emergency contact as indicated on this form. 5. I, on my behalf and on behalf of the above-named child, agree to the use of photographs, digital images, video or audio recordings ("images") of the child, without compensation, for the purposes of public education and promotion of Moorelands Kids, now or in the future. I understand that these images may be used in print publications (e.g. newsletters, print ads, etc.) and any other form of media (e.g. television, webcast, website, etc.). I agree that any such limages shall be the sole property of Moorelands Kids. 6. The City Programs Manager reserves the right to cancel a participant's registration who in their opinion is a risk to the safety or rights of others, including Cyberbullying, or who appears to have rejected the reasonable expectations of the program. 7. Any and il balances owing from previous applications and/or registrations with Moorelands Kids' programs and the discretion of the City Programs Manager reserves the right to cancel a participant's registration who in their opinion is a risk to the safety or rights of others, including Cyberbullying, or who appears to have rejected the reasonable expectations of the program. 7. Any and il balances owing from previous applicat									
SIGNEDDATE(month/da	ay/year):	Relat	ionship to Particip	oant:					
FOR OFFICE USE ONLY									
Semester (Circle): Semester 1 Oct—Dec 2022 Semeste	er 2 Jan –June	€ 2023							
Registration Day (Circle for Registered; WL for Waitlist) Monday	y Tuesday	Wednesday	/ Thursday Fri	day					
<u>Fee:</u> # of day(s)) X \$x day Total Fee	e: \$	Amou	nt Received \$						
Payment Type: Cash Cheque Credit Card (no rece	eipt given)	Receip	ot #:						
Initials: Date:									