



# THE PAL-O-MINE CLUB AFTER-SCHOOL PROGRAM

## September 2023 – June 2024

### REGISTRATION FORM 2023-2024 (Please complete one form per child)

Child's Last Name \_\_\_\_\_ Boy/Girl \_\_\_\_\_  
 Child's First Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Parent/Guardian # 1 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Parent/Guardian # 2 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
 Teacher's Name \_\_\_\_\_ Room # \_\_\_\_\_

**Emergency Contacts**

Parent/Guardian # 1 \_\_\_\_\_  
 Parent/Guardian # 2 \_\_\_\_\_  
 Child's Doctor: \_\_\_\_\_  
 Phone: \_\_\_\_\_

First Emergency Contact *other than parent/guardian* (name/relationship): \_\_\_\_\_  
 Phone: \_\_\_\_\_

Second Emergency Contact *other than parent/guardian* (name/relationship): \_\_\_\_\_  
 Phone: \_\_\_\_\_

**The Pal-O-Mine Club runs from 3:30 p.m. to 6:00 p.m., Mondays to Fridays. There is NO program on PA days or holidays. Cost is \$325.00 per month. Payment MUST BE MADE BEFORE the start date of each session (Fall, Winter, Spring).**

**FALL SESSION: Tues. Sept. 5, 2023 – Friday, Dec. 22, 2023 (\$1,300)**

TOTAL FEE \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Balance Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Balance Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_

**WINTER SESSION: Mon. Jan. 8, 2024 – Friday, March 29, 2024 (March Break: Mar.11-15) (\$600)**

TOTAL FEE \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Balance Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Balance Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_

**SPRING SESSION: Mon. April 1, 2024 – Friday, June 28, 2024 (\$600)**

TOTAL FEE \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Balance Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
 Balance Paid \$ \_\_\_\_\_ Receipt # \* \_\_\_\_\_ Date \_\_\_\_\_

\*Please keep all these receipts for income tax purposes. No other receipts will be issued.  
**Please make all cheques payable to: Central Eglinton Community Centre**

*Please turn over to page 2 →*

## REGISTRATION QUESTIONNAIRE

Previous after-school and/or child care experience: Where? When? \_\_\_\_\_

Any information that CECC should be aware of? Any special dietary and/or activity restrictions? \_\_\_\_\_

Child's interests, hobbies and talents? \_\_\_\_\_

Any special needs or concerns that CECC should be aware of (physical needs, behaviour, medical condition, speech/language, hearing/visual impairment, etc.)? Please note that the Pal-O-Mine Club After-school Program is not funded to provide one-to-one support. \_\_\_\_\_

**MEDICAL INFORMATION:** Allergies: \_\_\_\_\_

Any medications to be given: \_\_\_\_\_

**Please note:** Depending upon the allergy, an **Anaphylaxis Emergency Plan** and/or a **Medication Administration Record** must be completed if prescription medication is to be administered.

### PICK UP AT END OF PROGRAM

Please list all persons who will be picking up your child. **Your child must be signed out of the program each day.**

**YOUR CHILD WILL NOT BE RELEASED TO ANYONE WHOSE NAME IS NOT LISTED HERE:**

My child will be picked up by: **Parent(s) / Guardian(s) on page 1 and/or** \_\_\_\_\_

(name/relationship) **and/or** \_\_\_\_\_ (name/relationship) **and/or**  
\_\_\_\_\_ (name/relationship) **and/or** \_\_\_\_\_ (name/relationship)

My child will leave on his/her own at 6:00 p.m. OR \_\_\_\_ p.m.: yes no [please circle]

\*\*\*To ensure safety, the above named person(s) are the only people that CECC staff will release the child to unless **WRITTEN** notice is given to CECC staff. **Please note: Photo ID may be required at the discretion of staff.**

### Conditions of Enrolment

1. Payment must be received BEFORE the start date of each session (start dates: Sept. 5/23, Jan.8/24, April 1/24) in order to secure your child's enrolment in the after-school program.
2. Fees will be refunded if two weeks' written notice of cancellation is received. Any refunds granted will be subject to a 15% administrative fee.
3. Scheduled days may be changed. Changes **MUST** be submitted in writing.
4. Central Eglinton Community Centre reserves the right to suspend any child from the program if s/he is disruptive to the other children and/or to the after-school program.
5. A late fee of \$1.00 per minute will be charged for ALL LATE PICK UPS (after 6:00 p.m.).

I/We have read, understand and agree to the above conditions of enrolment and all information in this registration form, and **I/we enclose at least 50% of the fee for the first session.** I/We represent and warrant to CECC that I/we am/are the parent(s)/legal guardian(s) of the above-named minor child and as such am/are fully authorized and entitled to enter into this agreement on his/her behalf. **I/We agree that my/our child may participate in all after-school program activities, and understand that with any physical activity, there is a risk of injury. I/We give CECC staff the authority to act on my/our behalf in case of emergency. I/We have provided all necessary medical and other information concerning my/our child, and I/we can be reached at the phone numbers listed. In an emergency, I/we authorize Central Eglinton Community Centre to secure medical care for my/our child.** I/We consent to the participation of the aforementioned child, and hereby release CECC, its staff, Board of Management, instructors and volunteers from any and all actions, claims, demands for damages, for any loss or injury, howsoever arising, which may hereafter be sustained by the participant as above named in consequence of participation in CECC after-school program activities.

\_\_\_\_\_  
Parent/Guardian Name - PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Name - PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return Registration Form, Waiver and payment to:

Central Eglinton Community Centre, The Pal-O-Mine Club, 160 Eglinton Ave. East, Toronto, ON M4P 3B5

Personal information on this form is collected under the authority of the City of Toronto Act, 1997, and Art XI of CH. 169, of the City of Toronto Municipal Code. The information is used for the purpose of registration, membership, payment, mailings, including newsletters/surveys and aggregate statistical reporting. Questions about this collection can be directed to: The Executive Director, CECC, 160 Eglinton Ave. E., Ste. 201, Toronto, Ontario M4P 3B5