



2018-19 Program Applications

Tropicana Community Services  
 1385 Huntingwood Drive  
 Scarborough, ON M1S 3J1

**PARTICIPANT INFORMATION**

First Name:		Last Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Grade:			Name of School:		
Date of Birth (DAY/MONTH/YEAR) ____/____/____			How did you hear about these Programs?		
Home Address:		City:		Postal Code:	
E-mail:		Home Phone:		Cell Phone:	
Name of Family doctor:			Doctor's Phone:		
<b>IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>OTHER MEDICAL OR SPECIAL NEEDS:</b>			<b>DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>IF YES, SPECIFY:</b> _____		

**DROP OFF AND PICK-UP INFORMATION (If Applicable)**

Parent/Guardian's Full Name:		Other Emergency Contacts:	
Parent's Email:			
Address (If Different from participants)		Emergency Contact Phone:	
City:		Postal Code:	
Phone:		Phone:	

**PROGRAM REGISTRATION**

Activity	Grade:	SEPT 15 – NOV 24	DEC 1 – FEB 23	MAR 2 – MAY 18	THREE TERMS
Tutoring 10:00A – 1:00P		\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$225.00 <input type="checkbox"/>
Chess 1:00P – 2:00P	Entry Level	\$20.00 <input type="checkbox"/>	\$20.00 <input type="checkbox"/>	\$20.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>
Stem 2:00P – 3:00P		\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$270.00 <input type="checkbox"/>
Wing Chun Martial Arts 2:00P – 3:00P		\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$270.00 <input type="checkbox"/>
Coding 3:00P – 4:00P		\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$270.00 <input type="checkbox"/>
Steel Pan		SEPT 15 – NOV 24	DEC 1 – FEB 23	MAR 2 – MAY 18	THREE TERMS
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	1:00P – 2:00P 2:00P – 3:00P 3:00P – 4:30P	\$60.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>

**PLEASE NOTE THAT THIS IS A PEANUT-FREE ENVIRONMENT!**

1. Permission is granted for the said applicant to participate in all program activities, unless I advise you otherwise, in advance, in writing. I consent to allow pictures/ videotapes to be taken of the said applicant while he/she is engaged in program activities.
2. Permission is granted for the organization to use these for promotional purposes. (IF YOU DO NOT CONSENT TO THIS FOR WHATEVER REASON, PLEASE INFORM US ABOUT YOUR OBJECTION)
3. I have provided Tropicana Community Services with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize Tropicana Community Services Organization to secure medical care for the named participant . I hereby waive any claim against Tropicana Community Services Organization and/ or its staff which may arise from any injury the said name on this application may incur as a result of his/her participation in program activities.
4. **I will be responsible** for getting the said name to **the program at its scheduled start time and** picking him/her up at **the designated time at the end of the program**. I will also provide the said name with paper, textbooks, or any other required material, before every class.
5. I will make myself available to meet regularly to discuss the participant’s progress, evaluations and other matters that may occur during program.
6. I will supply the said applicant with snacks, if necessary.
7. If your child is regularly late, Tropicana reserves the right to have the student carry out the remainder of the class away from peers. Regular lates may result in dismissal of student from classes without a refund being issued.
8. If your child is absent for 3 or more classes without any notice, this student can run the risk of being removed from the program and there will be no refund issued.
9. All students should dress appropriately and come to class properly equipped and ready to participate in the day’s programs.
10. Tropicana Community Services will not be held responsible for any activity that is held in the Gym before, on a student’s break or after classes. Please be advised that there is a waiver form that must be signed before the first day of the program.
11. Please include me in the Tropicana Increase Your Success Bulletin Email.

Yes  No

Email: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date (DAY/MONTH/YEAR)**

Tropicana Community Services  
Education Department Team  
**416.439.9009**

Manager  
Bernadette Hood Ext 224  
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Coordinator  
Marc Tremblay Ext 260  
[mtremblay@tropicanacommunity.org](mailto:mtremblay@tropicanacommunity.org)

**Office use only**

Client ID: \_\_\_\_\_  
Date entered: \_\_\_\_\_  
Entered by: \_\_\_\_\_