



Ages 6 – 11 | March 11 – 15, 2019 | 9:00am – 5:00pm
 \$80.00 for the full week

Info: Nicole Mohammed NMohammed@TropicanaCommunity.org

Please complete and submit with payment by mail or in person to:
 Tropicana Community Services, 1385 Huntingwood Dr., Scarborough, On, M1S 3J1

PARTICIPANT INFORMATION

FIRST NAME:		LAST NAME:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH (DAY/MONTH/YEAR) _____/_____/_____			HOW DID YOU HEAR ABOUT THIS PROGRAM: _____		
HOME ADDRESS:			CITY:		POSTAL CODE:
E-MAIL:		HOME PHONE:		CELL PHONE:	

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN'S FULL NAME:		OTHER EMERGENCY CONTACT FULL NAME(S):	
PARENT'S E-MAIL:			
ADDRESS (IF DIFFERENT FROM PARTICIPANT'S)		EMERGENCY CONTACT PHONE NUMBER:	
CITY:		POSTAL CODE:	
PARENT/GUARDIAN'S PHONE NUMBER:		PARENT/GUARDIAN'S BUSINESS PHONE NUMBER/ CELL PHONE:	

MEDICAL INFORMATION:

NAME OF CHILD'S DOCTOR:		DOCTOR'S TELEPHONE NUMBER:	
IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE? <input type="checkbox"/> NO <input type="checkbox"/> YES OTHER MEDICAL OR SPECIAL NEEDS: _____		DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, SPECIFY: _____	

DROP OFF AND PICK-UP INFORMATION

IS THE CHILD PERMITTED TO GO HOME ON HIS/HER OWN? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PLEASE INDICATE THE NAME/RELATIONSHIP OF THE PERSON(S) WHO WILL NORMALLY PICK UP THE CHILD: NAME: _____ RELATIONSHIP: _____ NAME: _____ RELATIONSHIP: _____	

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 myself or my child. 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 of its scheduled start time and** picking him/her up at **the designated time of the programs closure**. I will also provide the said name with paper, textbooks, or any other required training material before every class.
5. I will make myself available to meet regularly to discuss the said names progress, evaluations and other matters that may occur during the training.
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 will 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 program and there will be no refund issued.
9. All students will 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.
11. Please include me in the Tropicana Increase Your Success Bulletin Email

Yes No

Email: _____

Signature of Parent/Guardian

Date (DAY/MONTH/YEAR)