

## REGISTRATION FORM



Cecil Community Centre EarlyON Child and Family Centres provides safe, stimulating, learning environments for children, parents and caregivers with a focus on: supporting healthy child development, strengthening parenting knowledge and skills, breaking down isolation and fostering mutual aid and peer support.

EarlyON Child and Family Centres support all children, parents and caregivers in learning, growing and connecting together. Our Child and Family Resource Centre embraces Ontario's renewed vision for Early Learning where all children and families have access to a wide range of inclusive quality services and supports they can access. Our Centre is rooted in the local community and serves as an Early Years Hub for parents and families.

Cecil Community Centre believes that children are competent, capable of complex thinking, curious and rich in potential. We believe in the capacity of parents to raise resilient, health, successful people, but we were never meant to raise children alone.

The Cecil Community Centre EarlyON Family Resource Centre is a part of the support system that families need to do the most important work of parenting. We recognize that parents are the experts of their children and know them best. Inviting and encouraging parents to participate, share, network and get involved in our EarlyON program is an important element of the family-centred environment we aim to create.

Child's Information		
Child's Name:	Date of Birth: MM / DD / YYYY Age:	
Child's Name:	Date of Birth: MM / DD / YYYY Age:	
Child's Name:	Date of Birth: MM / DD / YYYY Age:	
Address:	Apartment/Unit:	
Postal Code:	Telephone Number:	
Parent/Guardian/Caregiver Information		
Parent/Guardian (1) Name:	Daytime Telephone Number:	
Email:		
Parent/Guardian (2) Name:	Daytime Telephone Number:	
Email:		
Caregiver's Name:	Telephone Number:	
Emergency Contact:	Relationship:	
Email:	Cell Phone Number:	
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How did you find out about the Cecil Community Centre EarlyOn Child and Family Centre?		
Friend/Relative Doctor Health Nurse Outreach Worker Media (TV, radio, newsletter, flyer)  Social Media (Facebook, Twitter, Instagram) Community Event Other (Please specify)		

Please select location of initial registration:		
Alexandra Park Community Centre		
Cecil Community Centre		
Waterfront Community Centre		
Scadding Court Community Centre		
St. Alban's Boys & Girls Club		
Toronto Chinese Community Services Association		
L		
Does your child have special needs, medical conditions or allergie requiring maintenance medication (e.g. asthma, diabetes, seizure		
If yes, please describe:		
Is there anything else you would like us to know (interests, concern	ns, etc.)?	
Information Sharing Consent		
Do we have your permission to share the information in this form w Spadina for the purposes of avoiding duplication?  YES  NO  NO	vith College-Montrose Children's Place Trinity	
Consent to receive information from Cecil Community Centre As a valued EarlyON participant, Cecil Community Centre recimportant information and announcements from our organization	quests your consent to allow us to send you	
Canadian Anti-Spam Legislation (CASL). You may unsubscribe at a		
I consent to receiving information from Cecil Community Centre		
Photography, Media Release & Waivers:		
I hereby give Cecil Community Centre and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to Cecil Community Centre. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, program brochures posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Cecil Community Centre. I release Cecil Community Centre and its agents from any and all claims, of any nature, based on any uses of the above.		
I, the parent/guardian of the child(ren) named above give per programs and services of the Cecil Community Centre, and commedical treatment being given or provided for the child, waive as sponsors of said programs, or any of the Cecil Community Centrespect to any personal injury, illness, or illness specifically related person or any loss of or damage to property, arising in any way as services of Cecil Community Centre. I am providing this waiver spouse and any other family members or other persons who might on my own behalf.	nsent to any necessary first aid or emergency ny claims against Cecil Community Centre the re representatives, employees or volunteers, in to COVID-19, to such child(ren) or to any other t, from or in connection with the programs and on behalf of such child and on behalf of my	
Parent/Guardian/Caregiver Signature:	Date:	