

The CecilKids! Kids Klub offers a STEAM focused **After School Program** that supports creative, and physical activity while providing the opportunity to make new friends, develop new skills and get homework help. The program runs from Monday to Friday, 3:30pm-6:00pm throughout the school year for children in grades Kindergarten-6. Register now to reserve your spot.

Kids Klub March Break, Winter Break and PA Day Camps provide an opportunity for children ages 5-12 to immerse themselves in a full day of activity to discover their city and keep their minds and bodies active. All dates vary according to school board schedules and run from 9:00am to 4:00pm each day.

To register your child for any of the Kids Klub Programs, please complete all of the information on this form and return to the Centre. Please PRINT the information and use a separate form for each child.

Please indicate which program(s) you are registering your child for:

- After School Program
 March Break Camp
 PA Day Camp
 Winter Break Camp

Part A: Child's Information

| | | |
|---------------|----------------------------------|-----------------|
| Child's Name: | Date of Birth: YYYY / MM / DD | Age: |
| Address: | | Apartment/Unit: |
| Postal Code: | Telephone Number: | |
| School: | Teacher: | Grade: |

Part B: Parent/Guardian Information

| | |
|---------------------------|---------------------------|
| Parent/Guardian (1) Name: | Daytime Telephone Number: |
| Parent/Guardian (2) Name: | Daytime Telephone Number: |
| Parent Email: | Emergency Contact: |
| Cell phone Number: | Relationship: |

Part C: Medical Information

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|---|---|
| Doctor's Name: | Telephone Number: |
| Health Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | Version Code: <input type="text"/> <input type="text"/> |
| Does your child have special needs, medical conditions or allergies that we should know about, including any requiring maintenance medication (e.g. asthma, diabetes, seizures, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| If yes, please describe: | |
| Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: | |

Does your child require a special diet? YES NO

If yes, please describe:

I understand that the **Emergency Contact** will be notified in the case of a medical emergency involving my child. In the event that they cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my child is injured or becomes ill.

Parent/Guardian's Initials _____

Part D: Person(s) who usually picks up the child

1. Name:

2. Name:

Part E: Authorization & Consent for Children Walking Home

I give permission to have my child walk home by him/herself (if 10+ years of age)

I give permission for my child to walk home with _____ friend or sibling (must be older than 12)

Part F: Safe Walk Program (After School Program Only)

The CecilKids! Safe Walk Program encourages families to participate in programs and access the necessary support for young people in the College/Spadina Neighbourhood. The program hires and trains youth to escort children from school to the Kids Klub Program.

I would like my child to participate in the CecilKids! Kids Klub Safe Walk Program

Part G: Consent to receive information from Cecil Community Centre

As a valued Kids Klub Member, Cecil Community Centre requests your consent to allow us to send you important information and announcements from our organization. Your consent is required to comply with the Canadian Anti-Spam Legislation (CASL). You may unsubscribe at any time by contacting info@cecilcentre.ca.

I consent to receiving information from Cecil Community Centre

Part H: Authorization for Field Trips

I give permission for my child to leave the premises of the Cecil Community Centre to participate in trips/activities outside of the Centre. I give permission to the staff of the Cecil Community Centre to take my child to all scheduled trip/activity locations for the CecilKids! programs. I give the staff permission to take my child on trips to local parks, playgrounds, swimming pools, and other places of interest. I agree that my child may be transported to trips/activity sites by School Bus, Public Transit or by walking. I and understand that my child will be escorted and supervised by the staff and volunteers of Cecil Community Centre while participating in these activities.

Part I: 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 named above give permission for such child to participate in the programs and services of the Cecil Community Centre, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against Cecil Community Centre the sponsors of said programs, or any of the Cecil Community Centre representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of Cecil Community Centre. I am providing

this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

| | |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
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