

# Participant Information

**NOTE: This form must be completed for each program your child is registered in.**

## Child's Information - One child per form.

First Name		Last Name			Age	
Street Number	Street Name		Suite/Unit Number	City		
Province	Postal Code	Home Phone Number	Program Name	Location		
Any Allergies or medical information we should be aware of:						
Does your child require medication to be administered while they are at the program?					Yes	No
Does your child have any special needs, physical or emotional concerns that staff should be aware of?					Yes	No
Does your child require an auto-injector for allergies?					Yes	No
If Yes to any of these questions, contact Full-Time Recreation Staff as additional forms need to be completed.						

## Family Information

Parent /Guardian #1	Home Phone Number:
	Daytime Phone Number:
	Mobile/Other Number:
Parent /Guardian #2	Home Phone Number:
	Daytime Phone Number:
	Mobile/Other Number:

## Mandatory Emergency Information

In case there is an emergency and we are unable to contact anyone at the numbers listed above, please provide the names & numbers of alternate emergency contact:

Name:	Relationship to child:	Phone Number:
Name:	Relationship to child:	Phone Number:

## Pick-up Information

Name:	Relationship to child:	Phone Number:
Name:	Relationship to child:	Phone Number:
Name:	Relationship to child:	Phone Number:
Name:	Relationship to child:	Phone Number:

## Please mark (X) in the appropriate yes or no box

I give permission for my child to sign in, him/herself at the scheduled program time.	Yes	No
I give permission for my child to sign out, him/herself at the scheduled program time.	Yes	No

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

**\*MUST BE COMPLETED & RETURNED TO THE PROGRAM LOCATION BEFORE OR ON THE FIRST DAY OF PROGRAM, YOUR CHILD WILL NOT BE ADMITTED, NO EXCEPTIONS. \***

### Notice of Collection

The personal information on this form is collected under the authority of the City of Toronto Act, S. O. 2006. Chapter 11, Schedule A, s. 136 (c). The information is used for emergency contact purposes. Questions about this collection of information can be directed to Customer Service at 311.

01-0157 2015-09