

After School Club Registration Form



Please complete and return this application form to: **Attention:** Christina Frizzell, **Email:** recreation@milton.ca
Fax: 905-864-3222, **Drop-off:** Milton Sports Centre, 605 Santa Maria Blvd., Milton Leisure Centre, 1100 Main St. E., Milton Centre for the Arts, 1010 Main St. E., Mattamy National Cycling Centre, 2015 Pan Am Blvd.

Part A: Participant Information (Please print clearly.)

Parent/guardian name:

Participant name:

Birth date (mm/dd/yy):

Gender: Male Female

Street address:

Apt/unit:

Town/city:

Postal code:

Home phone:

Cell phone:

Parent/guardian #1 business phone:

Parent/guardian #1 cell phone:

Parent/guardian #2 business phone:

Parent/guardian #2 cell phone:

Emergency contact name:

Emergency contact relationship:

Emergency contact phone:

Email:

Sign up for recreation newsletter? Yes No

Part B: Additional Information (Please print clearly.)

Health card number:

Does your child have special needs (disabilities, behaviours)? Yes No

Identify special needs:

Does your child require one-to-one support? Yes No

Does your child suffer from life-threatening allergies? Yes No

List specific allergies:

Does your child require any medications or epi pen? Yes No

List medications:

Will your child walk home on his/her own? Yes No

Person(s) to release child to:

Person(s) NOT to release child to:

Community Services Department, **Mailing Address:** 150 Mary Street, Milton, ON, L9T 6Z5

For more information, contact Christina Frizzell, **Phone:** 905-875-5393, ext. 2613, **Fax:** 905-864-3222

Email: recreation@milton.ca

Information provided by the applicant and contained within the application form and any applicable attachments, is collected under the authority of the Municipal Act, 2001, Section 11, and will be used to assess registration for the Town of Milton, Community Services Department programs. If you have questions about this collection, please contact the Supervisor, Recreation, 150 Mary Street, Milton, ON L9T 6Z5, 905-875-5393, ext. 2613.

Last Updated: December 13, 2015

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Part C: Program Information

Please check the option you need for After School Club:

- After School Club **with** transportation
- After School Club **without** transportation
- After School Club **Kindergarten with** transportation
- After School Club **Kindergarten without** transportation

School:

Start date (mm/dd/yy):

Part D: Method of Payment

Cash

Cheque # (Payable to the Town of Milton; monthly post-dated cheques will be accepted)

Debit

Money on account

Credit card: Visa Mastercard

- Please provide details below if you are faxing or dropping-off this form off in person.
- Please **DO NOT** provide details below if you are emailing this form.
For security purposes, please call 905-875-5393, ext. 2613 to provide credit card details.

Card holder name:

Card holder signature:

Expiry date (e.g., September, 2018):

Amount to be charged: \$

Card #: _____ - _____ - _____ - _____

I hereby release The Corporation of the Town of Milton from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant herein during the program as specified above and/or from participation in the program on another date, time, or location as the program may be adjusted from time to time.

Signature of participant or parent/guardian if under 18

Permission to be photographed by media or Town of Milton for newspaper, website, social media and Community Services Guide: Yes No

Are you interested in participating in focus group discussions on recreation programs/services? Yes No