

YONGE EGLINTON COMMUNITY CENTRE, 160 Eglinton Avenue East, Toronto, Ontario M4P 3B5

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THE PAL-O-MINE CLUB AFTER-SCHOOL PROGRAM September 2025 – June 2026

REGISTRATION FORM 2025-2026 (Please complete one form per child)

Cillia 8 Last Na	me	Boy/Girl	<u>Er</u>	nergency Contacts
Child's First Na	ime	~		
Birth Date Age		Parent/Guardian # 1 Parent/Guardian # 2		
			Child's D	
	Postal Code_			
	1		Phone:	
				
Home Phone			First Emergency Contact other than parent/guardian (name/relationship):	
Cell Phone				
			(name/re	idiloliship).
Parent/Guardian	n # 2		Phone:	
Home Phone		Second Emergency Contact other than parent/guardian		
Cell Phone				
Email Address			(name/re	lationship):
		Grade	Phone:	
Teacher's Name	<u> </u>	Room #	Phone:	
Payment MUST E		holidays. Cost is \$22 he start date of each		
	BE MADE BEFORE	he start date of each	session (F	
FALL SESSION: To	BE MADE <i>BEFORE</i> t ues. Sept. 2, 2025 – F	he start date of each riday, Dec. 19, 2025 (\$	n session (Fa	all, Winter, Spring).
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Please make all cheques payable to: Central Eglinton Community Centre

REGISTRATION QUESTIONNAIRE	
Previous after-school and/or child care experience: Where? When Any information that YECC should be aware of? Any special di	en?
Any information that TECC should be aware of? Any special di	etary and/or activity restrictions?
Child's interests, hobbies and talents?	
Any special needs or concerns that YECC should be aware of (p	
speech/language, hearing/visual impairment, etc.)? Please note t funded to provide one-to-one support.	
MEDICAL INFORMATION: Allergies:	
Any medications to be given:	
<u>Please note</u> : Depending upon the allergy, an Anaphylaxis Eme <u>Record must</u> be completed if prescription medication is to be ad	
Record inust be completed if prescription medication is to be ac-	ministered.
PICK UP AT END OF PROGRAM	
Please list all persons who will be picking up your child. Your	
YOUR CHILD WILL NOT BE RELEASED TO ANYONE WI My child will be picked up by: Parent(s) / Guardian(s) on pag	
(name/relationship) and/or	(name/relationship) and/or
(name/relationship) and/or(name/relationship) and/or My child will leave on his/her own at 6:00 p.m. OR	(name/relationship)
My child will leave <u>on his/her own</u> at 6:00 p.m. OR	p.m.: yes no [please circle]
***To ensure safety, the above named person(s) are the only peo	
WRITTEN notice is given to YECC staff. Please note: Photo	ID may be required at the discretion of staff.
 Payment must be received BEFORE the start date of each se order to secure your child's enrolment in the after-school program. Fees will be refunded if two weeks' written notice of cancel to a 15% administrative fee. Scheduled days may be changed. Changes MUST be submited. Yonge Eglinton Community Centre reserves the right to sust the other children and/or to the after-school program. A late fee of \$1.00 per minute will be charged for ALL LATI/We have read, understand and agree to the above conditions of and I/we enclose the first month's fees for the first session. The parent(s)/legal guardian(s) of the above-named minor child a into this agreement on his/her behalf. I/We agree that my/our cactivities, and understand that with any physical activity, the authority to act on my/our behalf in case of emergency. I/We information concerning my/our child, and I/we can be reach I/we authorize Yonge Eglinton Community Centre to secure participation of the aforementioned child, and hereby release YE volunteers from any and all actions, claims, demands for damage hereafter be sustained by the participant as above named in corprogram activities. 	ession (start dates: Sept. 2/25, Jan.5/26, April 1/26) in ogram. lation is received. Any refunds granted will be subject sted in writing. pend any child from the program if s/he is disruptive to TE PICK UPS (after 6:00 p.m.). of enrolment and all information in this registration form, I/We represent and warrant to YECC that I/we am/are and as such am/are fully authorized and entitled to enter hild may participate in all after-school program ere is a risk of injury. I/We give YECC staff the e have provided all necessary medical and other ed at the phone numbers listed. In an emergency, medical care for my/our child. I/We consent to the ECC, its staff, Board of Management, instructors and es, for any loss or injury, howsoever arising, which may
Parent/Guardian Name - PLEASE PRINT	Parent/Guardian Name - PLEASE PRINT
Parent/Guardian Signature	Parent/Guardian Signature

<u>Please return Registration Form, Waiver and payment to:</u>

Date

Central Eglinton Community Centre, The Pal-O-Mine Club, 160 Eglinton Ave. East, Toronto, ON M4P 3B5

Personal information on this form is collected under the authority of the City of Toronto Act, 1997, and Art XI of CH. 169, of the City of Toronto Municipal Code. The information is used for the purpose of registration, membership, payment, mailings, including newsletters/surveys and aggregate statistical reporting. Questions about this collection can be directed to: The Executive Director, YECC, 160 Eglinton Ave. E., Ste. 201, Toronto, Ontario M4P 3B5

Date