Play & Learn Form

FOR OFFICE USE ONLY

REGISTRATION FORM FOR DROP-OFF, MAIL OR FAX 905-771-2481

2015/2016 School Year Play & Learn Program

AGE: 2.5 to 5 years (children must be 2.5 by December 2015)
LOCATION: Bayview Hill Community Centre

FOR OFFICE USE ONLY

Date Received: _____/_____/_____ (dd/mm/yy)
Date Processed: _____/_____/_____ (dd/mm/yy)
Processed By: _____

The Play & Learn program is designed to help children adjust to the transition of starting school, and to support children who are already attending Junior or Senior Kindergarten. Experience independence, social interaction and learning with an emphasis on pre-reading, printing, number and letter recognition, exploration and gym time. Participants must be toilet-trained and should bring their own nut-free snacks. For more information, contact the Preschool and Family Coordinator at 905-508-7012, ext. 224.

DATE: Monday, September 14, 2015 – Friday, June 17, 2016 (choose from one of three program options listed below)

EXCLUDING: Statutory Holidays, School Winter Break and March Break

NOTE: Registration payments are made by monthly pre-authorized credit card payments in accordance with the Terms & Conditions outlined on this form. **Two weeks written notice must be provided to the Registrar via email at registration@richmondhill.ca if you wish to withdraw from this program.**

PLEASE PRINT

A. FAMILY INFORMATION

Have you or an immediate family member previously enrolled in a Richmond Hill program or membership? YES ☐ NO ☐ UNSURE ☐

B. ADULT/PARENT/GUARDIAN INFORMATION

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY | MONTH | YEAR	GENDER: M ☐ F ☐
FAMILY ADDRESS:			APT/UNIT #:
CITY/TOWN:	POSTAL CODE:		RICHMOND HILL WARD:
HOME PHONE NO.:	CELL PHONE NO.:		
EMAIL ADDRESS:	BUSINESS PHONE NO.:		
EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE NO.:		

C. CLIENT ALERT INFORMATION (Please indicate participant's name.)

Does the participant listed on this form have a disability, medical condition or allergy you would like us to know about?
YES ☐ NO ☐ If yes, read the Integration Services page of the Community Recreation Guide prior to submitting a Registration Form.

DISABILITIES/MEDICAL CONDITIONS/ ALLERGIES:

SUPPORT REQUESTED ☐ WILL ATTEND WITH OWN SUPPORT ☐

CARRIES EPI PEN: YES ☐ NO ☐
CARRIES MEDICATIONS: YES ☐ NO ☐
TAKEN FOR _____

D. PARTICIPANT INFORMATION

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY | MONTH | YEAR	GENDER: M ☐ F ☐

PLAY & LEARN PROGRAM OPTION	LOCATION	TIME	FEE
☐ Mondays & Wednesdays (a.m.)	Bayview Hill Community Centre	9 a.m. - 12 p.m.	$185/month
☐ Tuesdays & Thursdays (a.m.)	Bayview Hill Community Centre	9 a.m. - 12 p.m.	$185/month
☐ Mondays, Wednesdays & Fridays (a.m.)	Bayview Hill Community Centre	9 a.m. - 12 p.m.	$280/month

Personal information on this form is collected under the authority of the *Municipal Act 2001*, S.O. 2001, C.25, and will be used for the purpose of program registration and administration. Inquiries regarding this collection should be directed to the Office of the Clerk at 905-771-8800.

THIS WAIVER AND CONSENT MUST BE SIGNED IN ORDER FOR THIS APPLICATION TO BE PROCESSED. PLEASE READ CAREFULLY!

I, being either the participant(s) named on this Registration Form or the parent or guardian of the participant(s), acknowledge and understand that: (a) each person, me/my child(ren) included, has a different capacity for participating in programs and their related activities such as the program that is the subject of this Registration Form sponsored by Corporation of the Town of Richmond Hill (the "Town") through its Community Services Department the (the "Program"); (b) there may be inherent risks associated with participating in the Program, including all manners of injury, the failure of equipment and the carelessness of other participants and misjudgements on the part of Town staff or contractors; and (c) the Town occasionally photographs its programs and their participants for use in promotional materials.

I agree to participate/permit my child(ren) to participate in the Program and willingly assume full responsibility, and any risks of injury, for myself/my child(ren) in connection with my/my child's(ren's) participation in the Program at any location where the Program may be held, including facilities owned or operated by the Corporation of the Town of Richmond Hill ("Town") such as pools, parks and community centres, or other sites owned and operated by third parties (i.e. for field trips). I further consent to the use by the Town of photographs of me/my child(ren) for promotional purposes and authorize the Town to use and publish such photographs in print and/or electronically.

In consideration of the Town's acceptance of this application, I, on behalf of myself/my child(ren) and my other heirs, next of kin, executors, administrators and assigns, agree to waive all claims that I/my child(ren) may have or may have in the future against the Town, its elected officials, directors, officers, employees, contractors, volunteers and agents (collectively the "Releasees") and release and forever discharge the Releasees from all liability for any personal injury, death, property damage, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my/my child's(ren's) participation in the Program or the Town's use of photographs of me/my child's(ren's).

I confirm that I have had sufficient time to read and understand each item of this Waiver and Consent in its entirety, and agree to be bound by its terms freely and voluntarily this

_____ day of _____, 201_____.

Signature: _____
(Participant (if 18 or over) or Participant's Parent/Guardian)

E. PAYMENT INFORMATION (Non-residents must add $10 per program to each registration payment)

I authorize the Town of Richmond Hill and its Financial Institution to debit my credit card identified below $_____ on the first day of each month or within the first business week of each month commencing on _____.My delivery of this authorization to the Town of Richmond Hill constitutes delivery by me to the credit card company with which I maintain an account. I warrant that all persons whose signatures are required to sign on the account have signed this authorization. I agree to notify the Town of Richmond Hill Community Services Department should my Credit Card information change at least fourteen calendar days before the debit date. I acknowledge the Town of Richmond Hill will assess a fee of $35 if the credit card account provided does not exist or if a payment is declined in addition to any penalties assessed by my credit card company. I acknowledge that the participant's Play & Learn program attendance may be suspended until my account is in good standing. I also understand that the participant's Play & Learn program registration and this agreement may be terminated by the Town of Richmond Hill should there be two NSF instances. I am aware that my credit card account will continue to be debited monthly until I give written notice to cancel and that I may revoke my pre-authorized payment agreement by submitting a Refund Request Form to the Community Services Department, at least fourteen calendar days before the debit date. There will be no refunds for unused portions of a month. I will inform the Community Services Department immediately if any debit to my credit card account is not in accordance with the terms of this Agreement (e.g. different amount or date), or is processed after I have cancelled this agreement. By way of providing my credit card information on this Form, I acknowledge that I have read and agree to the Pre-Authorized Payment Terms & Conditions.

I authorize the Town of Richmond Hill to charge my: ☐ VISA ☐ MasterCard

CREDIT CARD NUMBER: _____

EXPIRY DATE: MONTH _____ - YEAR _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____