

Community Services Family Account Information Form

Processed by: _____ Date Processed: ___/___/___ Date Received: ___/___/___

Are you a new applicant? **YES** **NO**

HAS YOUR ADDRESS, TELEPHONE NO. OR EMAIL ADDRESS CHANGED? **YES** **NO**

The Town of Richmond Hill offers residents the convenience of registering online, by telephone or by filling out a registration form. To register online or by phone, you will need a Client Barcode Number and an Account PIN. If you or the person you are registering has a disability, a medical condition or a life-threatening allergy, please include that information on this form. Our internet and phone registration systems do not provide a method to indicate or update client information. Should your information change at any time, a new copy of this form must be filled out and submitted to the Town of Richmond Hill Community Services Department by mail, fax or drop-off.

Mail To:

Town of Richmond Hill
Community Services Department
225 East Beaver Creek Road
P.O. Box 300
Richmond Hill, ON L4C 4Y5

Drop-off:

Any Town of Richmond Hill Community Centre

Fax To:

(905) 771-2481

NOTE:

- Your Client Barcode Number(s) and Account PIN are permanent. Please keep them in a safe place.
- A new Family Account Information Form must be submitted if your account information changes in the future.
- If your family has more than 4 members, please complete and attach the additional form to this one.

Family Information

Street # and Street Name:		Apt. #	
City:	Postal Code:	Ward #:	
Home Telephone #: ()		Business Telephone #: ()	
E-mail Address:			
Emergency Contact:	Name:	Telephone #: ()	

Main Contact - Family Member One (1)

Last Name:	First Name:	Birthdate (D/M/Y):	Male / Female
Disabilities/Medical Conditions/Allergies:			

Family Member Two (2)

Last Name:	First Name:	Birthdate (D/M/Y):	Male / Female
Disabilities/Medical Conditions/Allergies:			

Family Member Three (3)

Last Name:	First Name:	Birthdate (D/M/Y):	Male / Female
Disabilities/Medical Conditions/Allergies:			

Family Member Four (4)

Last Name:	First Name:	Birthdate (D/M/Y):	Male / Female
Disabilities/Medical Conditions/Allergies:			

OF NOTE: Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act, 1989*. Personal information is collected pursuant to the *Municipal Act R.S.O. 1990, Chapter M-45 as amended, S.207, Par. 28*, and will be used to register program participants. Inquiries may be directed to the Community Services Department at (905) 771-8870.

Signature: _____ Date: _____