



Play & Learn Form

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

See the current Community Recreation Guide for Internet Registration options.

2011/2012 School Year Play & Learn Program

AGE: 3-5 (children must be 3 by December 2011)

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 12, 2011 - Friday, June 22, 2012
(choose from one of four program options listed below)

EXCLUDING: Statutory Holidays, School Winter Break and March Break

NOTE: Registration is limited to a maximum of three days per week per participant. Registration for the 2011/2012 school year has been ongoing since June 2011. 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 if you wish to withdraw from this program.

PLEASE PRINT

A. FAMILY INFORMATION

Are you a new applicant? YES NO Has your address, telephone number or email address changed? YES NO

B. ADULT/PARENT/GUARDIAN INFORMATION

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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
<input type="checkbox"/> Mondays & Wednesdays (a.m.)	Bayview Hill Community Centre	9 - 11:30 a.m.	\$145/month
<input type="checkbox"/> Tuesdays & Thursdays (a.m.)	Bayview Hill Community Centre	9 - 11:30 a.m.	\$145/month
<input type="checkbox"/> Tuesdays & Thursdays (p.m.)	Bayview Hill Community Centre	12 - 2:30 p.m.	\$145/month
<input type="checkbox"/> Mondays, Wednesdays & Fridays (a.m.)	Bayview Hill Community Centre	9 - 11:30 a.m.	\$215/month

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.

THIS WAIVER MUST BE SIGNED IN ORDER FOR THIS REGISTRATION APPLICATION TO BE PROCESSED:

In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by the Community Services Department of the Town of Richmond Hill, I hereby waive and forever discharge the Corporation of the Town of Richmond Hill, its employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held (e.g. field trips, organized swims, etc.). I acknowledge and agree that the Town may use photographs of Community Services programs and the participants therein for promotional purposes.

Signature: _____ Date: _____

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: _____