**Student Registration Form**

Applications can be emailed to [info@readingpartnership.com](mailto:info@readingpartnership.com) or submitted at St. Margaret’s Public School.

Please call 416-315-8007 for more information.

**Dates/Times: Monday July 6th to Friday July 24th 2015; 12:00 pm – 3:30 pm**

**Location: St. Margaret’s Public School (235 Galloway Rd.)**

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| **Student Information *(please print)*** | | |
| **Home School:** | | |
| **Last Name:** | **First Name:** | |
| **Date of Birth:** Year (YYYY):       Month (MM):      Day (DD): | | **Sex:** Male Female |
| Home Phone:  **(****)****-** | Grade in September 2015  Grade 1  Grade 2 Other: | |

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| **Parent/Guardian Information** | | | | | | | |
| **Parent/Guardian Name *(please print):*** | | | | Relationship to child: | | | |
| Street Number | Apt | Street Name | | | City | | Postal Code |
| Cell Number:  **(****)****-** | | | Work Number:  **(     )      -** | | | Email address: | |

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| **Medical/Emergency Information** | |
| **Health Card Number:** | |
| Does your child have any medical conditions?  Yes No | If yes, please provide additional information: |
| Does your child have any allergies and/or dietary restrictions? Yes No | If yes, please provide additional information: |
| **Emergency Contact 1:** Name:       Phone: **(     )      -** | |
| **Emergency Contact 2:** Name:       Phone: **(     )      -** | |

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| **Additional Information** | |
| Does your child require special accommodations (physical or learning disabilities)? Yes No | If yes, please explain: |
| Would your child be interested and available to participate in an extended READ.WRITE.PLAY. program from July 17th to August 14th from 12:00 – 3:30 pm? Yes No | |
| Is your child participating in the Summer School Program at St. Margaret’s Public School from 9:00 am – 12:00 pm? Yes No | |

I hereby approve that my child attend the READ.WRITE.PLAY program. Yes  No

I provide consent for my child to be photographed/videoed. I understand that the photos or videos may be used by The Reading Partnership and by other third parties, and release TRP from any liabilities associated with its use.  I Agree  I Disagree

Note: Parent signature confirms that the information on this form is correct. It is the responsibility of the parent to inform the program coordinators of any changes to this information.

**Parent/Guardian Signature:**       **Date:**      **/**     **/**

*Please note that spaces are not guaranteed, Priority will be given to students residing in the Kingston-Galloway-Orton Park (KGO) community. This program is not affiliated with TDSB. Parents are responsible for dropping off and picking up their child*