**Student Registration Form**

Applications can be emailed to 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.)**

|  |
| --- |
| **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:      |

|  |
| --- |
| **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:      |

|  |
| --- |
| **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: **(     )      -** |

|  |
| --- |
| **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*