

# Parent and Child Registration Form

Applications can be submitted online at [www.readingpartnership.com](http://www.readingpartnership.com) or completed and dropped off at all participating locations.

Please select ONE program per Session	
<b>6-WEEK SUMMER SESSIONS</b>	
<input type="checkbox"/> Scarborough Centre for Healthy Communities (4110 Lawrence Ave. E) – Fridays from July 8 <sup>th</sup> to Aug. 12 <sup>th</sup> , 10am -12pm <input type="checkbox"/> Scarborough Centre for Healthy Communities (3847 Lawrence Ave. E) – Fridays from July 8 <sup>th</sup> to August 12 <sup>th</sup> , 2-4pm <input type="checkbox"/> Native Child and Family Services (156A Galloway Rd.) – Wednesdays from July 13 <sup>th</sup> to August 17 <sup>th</sup> , 2-4pm	
<b>9-WEEK FALL SESSION (preference given to summer session participants)</b>	
<input type="checkbox"/> Ontario Early Years Centre (4218 Lawrence Ave. E) – Wednesdays from October 5 <sup>th</sup> to November 30 <sup>th</sup> , 5:50-7:15pm	

Student Information	
<b>Home School:</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth:</b> Year (YYYY):      Month (MM):      Date (DD):	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Home Phone:</b> (      )      -      -

Parent Information				
<b>Parent/Guardian Name:</b>			<b>Relationship to child:</b>	
Street Number	Apt	Street Name	City	Postal Code
Cell Number: (      )      -      -		Work Number: (      )      -      -		Email address:

Medical/Emergency Information	
Does your child have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information:
Does your child have any allergies and/or dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information:
<b>Emergency Contact 1:</b> Name:	Phone: (      )      -      -

Additional Information	
Does your child require special accommodations (physical or learning disabilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
We provide childcare for children outside of the program. Does your family require this service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the name, age and gender for all children for which childcare is needed below:	
Name:	Age:      Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age:      Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you speak another language, other than English, at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list all languages spoken at home:	
How did you hear about the RPP program?	
<input type="checkbox"/> Library <input type="checkbox"/> Ontario Early Years Centre/Website <input type="checkbox"/> Scarborough Centre for Healthy Communities <input type="checkbox"/> Storefront <input type="checkbox"/> Native Child and Family Services <input type="checkbox"/> The Reading Partnership Website/Facebook Page <input type="checkbox"/> Past Participants <input type="checkbox"/> Other: (please specify)	

Note: Parent signature confirms that the information on this form is true and correct. It is the responsibility of parent/guardian to inform program coordinators of any changes to this information. *Parent/Guardian MUST attend the program with their child.*

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

*Please note that spaces are not guaranteed, Priority will be given to families residing in the Kingston-Galloway-Orton Park (KGO) community. Applicants will be registered on a first-come, first-serve basis.*