

The Scott Mission

Summer Program Registration Form 2015

1550 O'Connor Dr.
Toronto, ON
M4B 2V3
(416) 923-8872 ext 521

The Scott Mission is a Christian ministry. The Summer Program in Lawrence Heights provides snacks, organized games, bible lessons, mentorship, trips and parent support.

*Please note that **all applicants must be 7yrs of age or older** & have a completed registration form

Programs Start Tuesday June 30th and run till Friday August 21st, 2015

Child's Name: _____ Birth date: _____

Address: _____ City: _____ Postal Code: _____

Buzzer #: _____ Health Card Info: _____

Please list any Allergies, Medications, Disabilities, Mental or General Health Concerns we should be aware of:

Please indicate if your child attended our afterschool program during the 2014/15 school season.
☐ Yes ☐ No

Parent/Guardian Information

Mother/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father /Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Child Custody Concerns: _____

Please list the names and ages of all children in the home: _____

Emergency Contact Information

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Children/Youth Program

Please select which activities your child would like to attend.

☐ Grade 2 to 5 Tuesday & Thursday Morning Program at Flemington PS Gym 2 from 9:30am - 12:00pm

☐ Grade 6 - 12 Wednesday & Friday Morning Program at Flemington PS Gym 2 from 9:30am to 12:00pm

☐ Connections (small group trips with minimum 2 children and 2 staff in attendance)

Note: All programs are available for all children between the ages of 7 to 18 years. Anyone that would like to attend these programs must have handed in/mailed in this form and it must be filled out completely. If there are trips we will be sure to send home a form with your child or speak to the parent/guardian of the child to receive permission.

Child Pick-Up

We want to ensure the safety of your child during our programs. Please indicate if you will pick your child(ren) up following any programs or events. This way we will know if we should send your child home on their own or if your child needs to stay with us until you or a designated person will pick your child up.

Please check the correct statement regarding your child's pick-up:

- ☐ My child **will be** picked up following The Scott Mission Summer Program and events.
☐ My child **will not** be picked up following The Scott Mission Summer Program and events.

Individuals who have my (the parent/guardian of the above named) permission to pick up my child after any events or programs with The Scott Mission are:

Name: _____

Please note that we will not release your child to anyone who is not listed above. If you need to change the name of someone who will be coming please call us ahead of time. Also, please be on time when picking up your child.

Social Networking

Occasionally kids from our programs will attempt to contact the staff via Facebook or another online networking site.

Please indicate whether or not you would like staff from the Scott Mission to allow contact with your child via online networking sites Yes ☐ No ☐

Participant Conduct

At The Scott Mission we want to ensure the safety of all who attend our club programs. Please be sure to read all of the following policies regarding your child's conduct while attending The Scott Mission Lawrence Heights Summer Program. At each program we have a "warnings system." This is when a Scott Mission staff member will communicate to your child that the behavior they are displaying is not appropriate. After two warnings a child may be dismissed from the Program immediately. Please be sure that you read and discuss these policies with your child.

- Program participants must be willing to listen to and follow the instructions of staff at all times.
- Program participants must be respectful of other children at all times. Bullying and violent behavior will not be tolerated. Any violent behavior will result in immediate dismissal from program and may result in suspension.
- Program participants are not permitted to leave the program area unless given permission by a staff member.
- Program participants are expected to follow all safety rules and emergency routines.
- Program participants should not bring articles seen as unnecessary by The Scott Mission staff (matches, lighters, weapons of any kind, illegal drugs, alcohol) These and other like items will be collected and parents/guardians and authorities will be notified immediately.
- Program participants must be willing to participate in all areas of the summer program and cooperate with staff and children. This will ensure a positive and enjoyable experience by all.

Parent/Guardian Signature

I hereby give permission for _____ to attend The Scott Mission Lawrence Heights Summer Program.
I have read the above participant conduct section and have communicated these policies to my child.

In the event of an emergency, I understand that every effort will be made to contact a parent or guardian. In the event that I cannot be reached, I hereby give The Scott Mission the right to approve and obtain medical attention necessary for the child's welfare and good health, including ordering injection, anesthesia or surgery. The parents/guardians are responsible for any additional expense that may result from such services.

The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be communicated in writing to The Scott Mission, including a photocopy of the section of any court order referring to visitation rights.

I hereby consent to the use of my child's photo by The Scott Mission for any of The Scott Mission purposes including publicity purposes.

I release The Scott Mission, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named child.

I have read all sides of this registration form and all materials present with this form and I accept the terms of enrollment and dismissal. I will contact The Scott Mission immediately should there be any changes to the information on this form including phone numbers, emergency contact information, address, health information or custody concerns.

Parent/ Guardian Signature

Date