



APPLEGROVE COMMUNITY COMPLEX

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www.ApplegroveCC.ca

“TOGETHER, BUILDING OUR COMMUNITY”



Applegrove Junior Leaders Program

Applegrove is excited to announce a NEW program for participants 11 – 13 years old. This program will be geared to pre-teens who want to become more independent. Participants will develop leadership, life and team building skills in a familiar and comfortable setting under the guidance of experienced leadership staff. Two sessions of 10 weeks will be offered on Tuesdays and Thursdays from 3:45 p.m. to 6:00 p.m. Hope you can join us!!

For youth ages 11 – 13 years

Session 1: October 3 to December 8

Session 2: February 6 to April 20

Tuesdays and Thursdays

3:45 to 6:00 p.m.

Cost: \$250 per session

(Limited Subsidy Available – based on household income)

Examples of activities and workshops include:

- * Leadership activities
- * Team Building
- * Life skills
- * Cooking challenges...etc...etc..
- * Home Alone safety
- * Personal Safety
- * Healthy snack

Applegrove Junior Leaders Program 2016-2017 Registration Form

Please Print Clearly

Child's Surname _____

Given Name _____

Address _____

Postal Code _____

Date of Birth _____ Age _____

Gender: _____ Female _____ Male

Grade Completed in June _____

(Parent 1) Name _____

(Parent 1) Address _____

Relation to Child _____

Daytime Phone# _____

Cell Phone# _____

Email _____

(Parent 2) Name _____

(Parent 2) Address _____

Relation to Child _____

Daytime Phone# _____

Cell Phone # _____

Email _____

Emergency Contact _____

Phone# _____

Relation to child _____

Allergies/Food Restrictions, please describe in detail:

Please describe any behaviour problems, disabilities or health problems your child has.

Does your child take any medication(s) on a regular basis?

No? _____ Yes? _____

If YES you must fill in a separate medication form.

Is there anything else not mentioned above that we should know about your child? If so, please explain:

Please choose your preferred method of communication: (Please check all that apply)

Telephone _____ **Email** _____ **Mail** _____

Afterschool Program Pick Up

We want your child to arrive home safely every day, please complete the following information. For your child's safety, we must be notified in writing of any changes.

Please print names of everyone (including parents) who are allowed to pick up your child:

OR My child should go home on their own _____ leaving the program at _____ p.m. _____
Initial

Is there anyone who **SHOULD NOT** pick up your child? **Yes** _____ (please list name(s) below)

Name & relationship: _____

To ensure the safety of your child, please inform staff of any changes to your routine.

IMPORTANT: Please read the following paragraph, photo consent, sharing of information consent, and sign below:

I give permission for the above named child to participate fully in both on and off site activities and trips, unless otherwise indicated in writing. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Applegrove staff will attempt to contact me at the telephone numbers listed above. Applegrove will not accept responsibility for such services/treatment. Having taken all reasonable precautions, Applegrove shall not be held responsible for any accident or sickness of this child.

PHOTO CONSENT:

I give permission for staff to take photos of my child to be used in printed Applegrove promotional materials which may be distributed widely. **YES** _____ **NO** _____ (Please initial)

SHARING OF INFORMATION CONSENT:

I give permission for Applegrove staff to share information with the Duke of Connaught school staff and Administration for school related inquiries and for school staff to share information with Applegrove staff. **YES** _____ **NO** _____ (Please initial)

Parent/Guardian Signature

Date