

# AFTER SCHOOL OPERA PROGRAM

Session: FALL / WINTER / SPRING (circle one term only). Location \_\_\_\_\_

Has your child attended this program before? YES NO If yes, when and where? \_\_\_\_\_

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F

School \_\_\_\_\_ Grade \_\_\_\_\_

Medical Information (Include drug and food allergies, pre-existing illnesses, physical, behavioural, and emotional concerns)

\_\_\_\_\_

Parents' Names \_\_\_\_\_

Daytime Phone Numbers \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Please list a secondary individual who can be reached in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Is this person authorized to pick up your child? YES NO

Is your child authorized to leave the program on his/her own? Circle one: YES NO

If NO, you will be required to sign your child out after each session.

Please list the names of all individuals who are authorized to pick up your child: \_\_\_\_\_

I enrol my child in the After School Opera Program. I understand that my child's photograph may be taken during the program and that his/her photograph or likeness may be used in COC publications or print or video reports dealing with the COC, without remuneration to, or for the benefit of, my child or me. Written notice is needed by the first session of each term if photos of your child are not permitted.

By registering my child, I agree to the policies as outlined on the website at [coc.ca/Explore](http://coc.ca/Explore)

Signature of Parent/Guardian: \_\_\_\_\_

**Please mail or drop off this form with payment\* to:** St. Christopher House, Attn: Sherry Squires, 248 Ossington Avenue, Toronto, ON, M6J 3A2

If paying by credit card, please select one:  Visa  MasterCard  AmEx

Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*A child will not be registered in the program until full payment has been received.