



## REGISTRATION FORM OUTREACH PROGRAMS - SPRING 2007

**REGISTRATION BEGINS MARCH 1, 2007  
NO TELEPHONE REGISTRATIONS ACCEPTED**

Please return your completed registration form along with payment (payable to Reena) to:

**LEORA KAIZER, Program Coordinator  
The Toby & Henry Battle Developmental Centre  
927 Clark Avenue West  
Thornhill ON L4J 8G6**

(OR)

**Fax: (905) 889-3827**

Participant's Full Name: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_\_ Gender: Male  Female

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Full Name of Parent(s) / Guardian: \_\_\_\_\_

Full Address (if different from that of Participant): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Have you moved? Yes  No  Is this your first Reena program? Yes  No

Yes, I am interested in Summer Recreation:

Indicate / explain any allergies of Participant.

Indicate / explain any changes in Participant's medication or behaviour.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* PLEASE ENSURE YOUR FAMILY MEMBER CARRIES EMERGENCY ID WHEN ATTENDING A PROGRAM.\***

I / We give permission for my / our child / family member \_\_\_\_\_  
to go on outings and travel by van / car during their attendance at the above programs. I / We hereby  
absolve REENA of any responsibility for any injuries that may occur on any outings. I / We give  
permission for my / our child / family member to be photographed for promotional purposes.

Parent/Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_  
(print name & provide signature) (print name & provide signature)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FURTHER INFORMATION ... PLEASE CALL LEORA KAIZER: (905) 889-2690 x 2116**

**ALL PROGRAMS ARE FOR INDIVIDUALS WITH A DEVELOPMENTAL  
CHALLENGE WHO LIVE WITH THEIR FAMILIES  
IN THE COMMUNITY**

**\*\*\*NO PROGRAMS THE WEEK OF MAY 20 - 24, 2007\*\*\***

<b>PROGRAMS</b>	<b>DATES</b>	<b>COSTS</b>	<b>✓</b>	<b>TOTALS</b>
<b>SUNDAY FRIENDS CLUB NORTH</b> <i>For clients living NORTH of Lawrence Battle Centre, 927 Clark Ave. West</i> Age 7 - 12  Age 13 - 18  Age 19 - 35	<b>Sunday</b> <b>Apr. 15 - Jun. 10, 2007</b> (no program May 20)  12 noon - 4 pm  12 noon - 6 pm  12 noon - 6 pm	(1:2 ratio) \$200/8wks (1:1 ratio) \$300/8wks  (1:3 ratio) \$300/8wks (1:2 ratio) \$365/8wks (1:1 ratio) \$400/8wks  (1:3 ratio) \$300/8wks (1:2 ratio) \$365/8wks (1:1 ratio) \$400/8wks	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>SUNDAY FRIENDS CLUB SOUTH</b> <i>For clients living SOUTH of Lawrence Miles Nadal JCC, 750 Spadina Ave.</i> Age 7 - 12  Age 13 - 21	<b>Sunday</b> <b>Apr. 15 - Jun. 10, 2007</b> (no program May 20)  12 noon - 4 pm  12 noon - 6 pm	(1:2 ratio) \$200/8wks (1:1 ratio) \$300/8wks  (1:3 ratio) \$300/8wks (1:2 ratio) \$365/8wks (1:1 ratio) \$400/8wks	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>SOCIAL SKILLS / AUTISM</b> Battle Centre, 927 Clark Ave. West Age 10 - 15	<b>Monday</b> <b>Apr. 16 - Jun. 11, 2007</b> (no program May 21) 6:30 - 8:00 pm	\$150	<input type="checkbox"/>	
<b>AFTER SCHOOL CLUB</b> Battle Centre, 927 Clark Ave. West  Age: 7 - 12 <input type="checkbox"/>  Age: 13 - 17 <input type="checkbox"/>  Age: 18 - 21 <input type="checkbox"/>	<b>Monday to Thursday</b> <b>Apr. 16 - Jun. 14, 2007</b> (no program May 21-24)  3:30 - 7:30 pm	1 day / wk for 8wks \$200 2 days / wk for 8wks \$350 3 days / wk for 8wks \$500 4 days / wk for 8wks \$650  ----- 1:2 ratio (teen/adult) → add \$65 / day 1:1 ratio (teen/adult) → add \$100 / day 1:1 ratio (child) → add \$65 / day	<b>Circle Day/s</b> <input type="checkbox"/> M T W T <input type="checkbox"/> M T W T <input type="checkbox"/> M T W T <input type="checkbox"/> M T W T  ----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>AFTER SCHOOL CLUB KOSHER DINNER (OPTIONAL)</b>  <b>FINE TOUCH CATERING</b>	<b>Monday to Thursday</b> <b>Apr. 16 - Jun. 14, 2007</b> (no program May 21-24)	1 dinner /wk for 8wks \$ 64 2 dinners/wk for 8wks \$128 3 dinners/wk for 8wks \$192 4 dinners/wk for 8wks \$256	<b>Circle Day/s</b> <input type="checkbox"/> M T W T <input type="checkbox"/> M T W T <input type="checkbox"/> M T W T <input type="checkbox"/> M T W T	
<b>CREATIVE ARTS</b> Age 18+	<b>Tuesday</b> <b>Apr. 17 - Jun. 12, 2007</b> (no program May 22) 6:30 - 8:30 pm	\$150	<input type="checkbox"/>	
<b>MUSIC MAKERS</b> Age 16+	<b>Wednesday</b> <b>Apr. 18 - Jun. 13, 2007</b> (no program May 23) 7:00 - 8:30 p.m.	\$150	<input type="checkbox"/>	
<b>CAFÉ LUNDI</b> Age 21+	<b>Monday</b> <b>Ongoing</b> 5:00 - 8:30 pm	\$10/wk - includes dinner (Pay weekly at program)	<input type="checkbox"/>	
<b>MOD SQUAD</b> Age 16 - 25	<b>Alternate Thursdays</b> <b>Ongoing</b> Time & Cost Vary	\$150 Annual Registration Fee	<input type="checkbox"/>	
<b>BASKETBALL</b> Ages 18+	<b>PICK ONE DAY ONLY</b> <b>Wednesday</b> <input type="checkbox"/> -or- <b>Thursday</b> <input type="checkbox"/> 6:30 - 8:00 p.m.	\$45.00 Annual Registration Fee	<input type="checkbox"/>	
<b>Method of Payment:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Certified Cheque/Bank Draft (Payable to Reena) <input type="checkbox"/> Visa / Mastercard # _____ Expiry: _____ Cardholder Name (please print): _____ Cardholder Signature: _____			<b>TOTAL COST:</b>	
PLEASE NOTE: A 10% ADMINISTRATION FEE WILL BE LEVIED IF CANCELLATION IS LESS THAN 2 WEEKS PRIOR TO START OF PROGRAM. NO REFUND AFTER THE FOURTH WEEK OF PROGRAMS				