



APPLICATION MARCH BREAK 2008

**REGISTRATION DATE: THURSDAY, JANUARY 24, 9am-9pm
REGISTRATIONS WILL BE ACCEPTED BY FAX OR IN PERSON ONLY.**

Date	Dates needed	Amount Paid *
March 10	<input type="checkbox"/>	
March 11	<input type="checkbox"/>	
March 12	<input type="checkbox"/>	
March 13	<input type="checkbox"/>	
March 14	<input type="checkbox"/>	
TOTAL COST		

* The cost per day is \$50.00

Please indicate the level of support needed:

1 : 1 1 : 2 1 : 3

*** ADDITIONAL COSTS:**

1:1 support for children & 1:2 support for teens & adults: **ADD \$14.29/day**

1:1 support for teens & adults: **ADD \$17.85/day**

Name: _____ Male Female

Phone #: _____ D.O.B. _____

Address: _____

Parent / Guardian _____

Home #: _____ Business / Cell #: _____

Are you currently on any medication? Please list medication, administration time and dosage:

Medication	Time	Dosage

Please turn over ⇒

Please list any allergies: _____

Are there any behaviours or situations that we should be aware of? Please be specific:

What is the best way to respond:

Situations to avoid:

Please return application form, payment form and full payment to:

**Leora Kaizer
The Toby and Henry Battle Developmental Centre
927 Clark Avenue West
Thornhill ON
L4J 8G6**

Phone #: (905) 889-2690 ext. 2116

Fax #: (905) 889-3827

e-mail: lkaizer@reena.org

I / We _____ give permission for my / our child (under the age of 18) to go on outings and travel by van / car during their attendance at the above program(s). I / We hereby absolve Reena of any responsibility for any injuries that may occur on any outing. I / We give permission for my / our child / family member to be photographed for promotional purposes.

Signature: _____

Witness: _____

Date: _____

Date: _____