



REENA PERMISSION FORM

ALL PARTICIPANTS REQUIRE SIGNED PERMISSION FORMS

Please return your completed permission form to:

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

Tel: (905) 889-2690 x 2116 (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: (mother): _____ (father): _____

Cell: (mother): _____ (father): _____

E-mail Address(es): _____

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

Indicate / explain any allergies and/or changes in medication or behaviour of Participant.

*** 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: _____ (print name & provide signature) Witness: _____ (print name & provide signature)

Date: _____ Date: _____