



# REGISTRATION FORM SUNDAYS IN THE SUN 2011

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

**By mail or in person:**

**ROBYN GIBSON, Outreach Supervisor,  
The Toby & Henry Battle Developmental Centre  
927 Clark Avenue West  
Thornhill ON L4J 8G6**

**By fax:**

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

**DATES: July 10, 17, 24, August 7, 14, 21, 2011**

**TIME: 9 a.m. - 4 p.m.**

**COST (please indicate support needed):**

- 1:2 support: \$756.00**
- 1:3 support: \$588.00**

Name: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone #: _____	D.O.B.: _____	
Address: _____		
_____		
Parent / Guardian _____		
Home #: _____	Business / Cell #: _____	
Email: _____		

**FOR AGES 16 & OLDER:**

**ARE YOU ON THE COMMUNITY NEEDS LIST IN: York Region  Toronto Region**

Please turn over ⇒

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

Medication	Time	Dosage

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:**

**Robyn Gibson  
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: [rgibson@reena.org](mailto:rgibson@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: \_\_\_\_\_