



## APPLICATION MARCH BREAK 2009

**REGISTRATION DATE: MONDAY, JANUARY 26, 9am-7pm  
REGISTRATIONS WILL BE ACCEPTED BY FAX OR IN PERSON ONLY.**

Date	Dates needed	Amount Paid *
March 16	<input type="checkbox"/>	
March 17	<input type="checkbox"/>	
March 18	<input type="checkbox"/>	
March 19	<input type="checkbox"/>	
March 20	<input type="checkbox"/>	
<b>TOTAL COST</b>		

The cost per day is \$70.00

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 \$20.00/day**

1:1 support for teens & adults: **ADD \$25.00/day**

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

**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:**

**Michelle Anbar**  
**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: [michelleanbar@reena.org](mailto:michelleanbar@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: \_\_\_\_\_