



# APPLICATION MARCH BREAK 2012

REGISTRATION BEGINS MONDAY, FEBRUARY 6, 2012  
REGISTRATIONS WILL BE ACCEPTED BY FAX OR IN PERSON ONLY.

Date	Dates needed	Amount Paid
March 12	<input type="checkbox"/>	
March 13	<input type="checkbox"/>	
March 14	<input type="checkbox"/>	
March 15	<input type="checkbox"/>	
March 16	<input type="checkbox"/>	
<b>TOTAL COST</b>		

**Cost per day:**

1:3 (\$80.00/day)

1:2 (\$108.00/day)

1:1 (\$136.00/day)

PLEASE NOTE: CHILDREN AGE 12 AND UNDER ARE STAFFED AT A 1:2 RATIO

Name: \_\_\_\_\_ Male  Female   
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: \_\_\_\_\_