



APPLICATION WINTER RETREAT 2009

REGISTRATION DATE: Monday, December 7, 2009 from 9 a.m.- 9 p.m.
REGISTRATIONS WILL BE ACCEPTED BY FAX OR IN PERSON ONLY.

Date	Dates needed	Amount Paid
Dec. 21	<input type="checkbox"/>	
Dec. 22	<input type="checkbox"/>	
Dec. 23	<input type="checkbox"/>	
Dec. 24	<input type="checkbox"/>	
Dec. 29	<input type="checkbox"/>	
Dec. 30	<input type="checkbox"/>	
Dec. 31	<input type="checkbox"/>	
TOTAL COST		

The cost per day is \$75.00 Program runs 9 a.m. - 3 p.m.
 Participants must be in a school program to attend

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 Female

Phone #: _____ D.O.B. _____

Address: _____

Parent / Guardian: _____ Email: _____

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:

FOR AGES 16 & OLDER:

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

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

**Michelle Anbar
Outreach Supervisor
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

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: _____