



REGISTRATION FORM OUTREACH PROGRAMS – Spring 2020

REGISTRATION BEGINS SUNDAY, February 9, 2020
Register in person: 12:00 Noon. - 1:00 p.m., Battle Centre
Registration for all Spring Programs closes on March 6, 2020
No registration forms will be accepted prior to February 9, 2020

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

By mail or in person

**Nicole Lipsey Outreach Supervisor, Toby & Henry Battle Developmental Centre,
927 Clark Avenue West, Thornhill ON L4J 8G6**

Participant's Full Name: _____

Date of Birth (m/d/y): _____ Gender Identity: _____

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

FOR AGES 16 & OLDER:

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

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: _____

FOR FURTHER INFORMATION . . . PLEASE CALL Jaime Calverley: (905) 889-6484 x 2224

SPRING PROGRAMS 2020

PROGRAMS	DATES	COSTS	✓	TOTALS
SUNDAY FRIENDS CLUB NORTH Battle Centre 927 Clark Ave. West Age 7+ No program April 12, 2020 May 17, 2020	Sunday Mar. 22 – May 24 12:00 noon – 5:00 pm	(1:3 ratio) \$450/8 weeks (1:2 ratio) \$600/8 weeks (1:1 ratio) \$800/8 weeks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ATHLETIC CLUB Battle Centre 927 Clark Ave. West Age 10+ No program April. 13, 2020 May 18, 2020	Mondays Mar. 23 – May 25 6:00 – 8:00 p.m.	\$320/ 8 weeks	<input type="checkbox"/>	
SWIM CLUB Garnet William CC 501 Clark Ave. West Age 7+ No program April. 14, 2020	Tuesdays Mar. 24 – May 19 7:30 – 9:00 p.m.	(1:3 ratio) 260/8 weeks (1:1 ratio) \$420/8 weeks	<input type="checkbox"/> <input type="checkbox"/>	
SPECIAL OLYMPICS BASKETBALL Battle Centre 927 Clark Ave. West Age 16+ No program April. 9, 2020 April 16, 2020	Thursdays Mar. 26 – May 28 6:30 - 8:30 p.m.	\$160 / 8 weeks	<input type="checkbox"/>	
COOKING CLUB Battle Centre 927 Clark Ave. West Age 10+ No program April. 9, 2020 April 16, 2020	Thursdays Mar. 26 – May 28 6:30 - 8:30 p.m.	(1:3 ratio) \$370/8 weeks (1:1 ratio) \$525/8 weeks	<input type="checkbox"/> <input type="checkbox"/>	
PLEASE COMPLETE THE ATTACHED PAYMENT INFORMATION FORM			TOTAL COST:	

Program Closures:

No programs April 8th - 16th due to Passover

No programs May 17th - 18th due to Victoria Day Long Weekend

Payment Information:

Name: _____

Re: _____

Address: _____

City: _____ Postal: _____

Telephone Number: _____ Cellular Number: _____

Program: _____ Accounting Code: _____

Total Program Cost: _____

1. Pay in Full Today

2. By Cheque Payments Only:

I have included _____ post-dated cheque(s) in the amount of \$ _____ each.
(Maximum 2)

Please note that the last post-dated cheque must be dated for no less than 2 weeks prior to the start date of the program/camp. All NSF Cheques returned will be subject to a \$35 administration fee.

3. For Credit Card Payments Only:

Credit Card to be processed in _____ instalment(s) on the _____ day of each month.
(Maximum 2) (1st or 15th)

Please note that the last instalment must be dated for no less than 2 weeks prior to the start date of the program.

Check the appropriate circle:   Cheque Cash

Credit Card Number: _____ / _____ / _____ / _____ Expire Date: Month _____ Year _____

Card Holder's Name (Please Print) _____

Card Holder Signature _____

Terms and Conditions:

I authorize the payee to debit my account as indicated by the credit card number under the terms and conditions agreed to by me with the payee.

I acknowledge delivery of my authorization constitutes delivery by me to the financial institution where I maintain an account. Such financial institution is not required to verify the payments drawn in accordance with this authorization.

Termination of this authorization does/may not terminate the contract for goods and services exchanged or NSF/decline credit card fees.

I will notify the payee in writing of any changes in account information or termination of this authorization prior to the next debit due date.

I warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Preauthorized Payment Waiver: I acknowledge I have read and agree with all the provisions contained in the terms and conditions.

Signature

Date

For office use only
