



REGISTRATION FORM OUTREACH PROGRAMS – CAMP REENA 2020

REGISTRATION BEGINS March 1st, 2020
REGISTER IN PERSON: 12:00 NOON - 2:00 PM, BATTLE CENTRE

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

Michelle Minsky-Freedman, Outreach Registrar, The Toby & Henry Battle Developmental Centre
927 Clark Avenue West, Thornhill ON L4J 8G6

Participants Full Name: _____

HAS ANY OF THE PARTICIPANT'S INFORMATION CHANGED FROM WHAT REENA HAS ON FILE? Yes No

IF ANY INFORMATION HAS CHANGED OR IT IS NOT ON FILE PLEASE FILL OUT BELOW.

Address _____	Postal Code _____
City _____	
Phone Numbers: Guardian 1 Home: _____ Work: _____ Cell: _____ Email: _____	Phone Numbers: Guardian 2 Home: _____ Work: _____ Cell: _____ Email: _____
Full Name of Parent(s) / Guardian _____	
Full Address (if different from that of Participant): _____	

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 in detail:

*** 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: Nicole Lipsey : (905) 889-2690 x 2101

I am a: Child Teen Adult
Support Required: 1:1 1:2 1:3

PLEASE NOTE: Children age 12 and under are staffed at a 1:2 ratio and must pay the additional costs

CAMP REENA 2020

*No camp on July 1st (Canada Day) & August 3rd, 2020 (Civic Holiday)

SESSION	DATES	1:1	1:2	1:3	WEEKS
1*	June 29 th – July 3 rd	\$640	\$500	\$370	<input type="checkbox"/>
2	July 6 th – July 10 th	\$800	\$625	\$465	<input type="checkbox"/>
3	July 13 th – July 17 th	\$800	\$625	\$465	<input type="checkbox"/>
4	July 20 th – July 24 th	\$800	\$625	\$465	<input type="checkbox"/>
5	July 27 th – July 31 st	\$800	\$625	\$465	<input type="checkbox"/>
6*	August 4 th – August 7 th	\$640	\$500	\$370	<input type="checkbox"/>
7	August 10 th – August 14 th	\$800	\$625	\$465	<input type="checkbox"/>
8	August 17 th – August 21 st	\$800	\$625	\$465	<input type="checkbox"/>
9	August 24 th – August 28 th	\$800	\$625	\$465	<input type="checkbox"/>
TOTAL COST	\$				

Please check off t-shirt size for camp shirt

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>
X-Large	<input type="checkbox"/>

CAMP WAHANOWIN OVERNIGHT 2020

PLEASE MAKE TWO SEPARATE PAYMENTS FOR REENA CAMP AND WAHANOWIN

DATES	COST	✓ YES
August 4 th – August 9 th (6 Days, 5 Nights)	\$ 1875.00 (Inclusive of travel, staffing and meals)	<input type="checkbox"/>
TOTAL COST	\$	

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
