

School Out Public: 2017-18

Child Information

Name: _____ Gender: Male Female Date of Birth: _____
(first) (last) mm/dd/yyyy

Primary Guardian Name: _____ Relationship to Participant: _____
(first) (last)

Address: _____ City: _____ Postal Code: _____

Phone #: _____ E-mail: _____

Dates	Times		Daytime Fee		Extended Care 4:00 - 6:00 pm
October 6, 2017	9:00 am - 4:00 pm	X	\$60	X	\$12
November 17, 2017	9:00 am - 4:00 pm	X	\$60	X	\$12
December 1, 2017	9:00 am - 4:00 pm	X	\$60	X	\$12
January 19, 2018	9:00 am - 4:00 pm	X	\$60	X	\$12
February 16, 2018	9:00 am - 4:00 pm	X	\$60	X	\$12
June 8, 2018	9:00 am - 4:00 pm	X	\$60	X	\$12
Column-Total:				+	
				Sub-Total:	
				+3% CIF	
				Total:	

SEE OVER ->

Payment Information

Credit Card: Visa MasterCard Name on Card: _____

Credit Card Number: _____ Exp: _____ Signature: _____

School's Out Public Policies

REFUND POLICY: Due to the limited number of spots available in the School's Out program, we are unable to offer refunds once you have enrolled.

PROGRAM POLICY: The Miles Nadal JCC reserves the right to add or delete activities from the program based on the interests of participants and instructor availability.

DISMISSAL POLICY: The Miles Nadal JCC reserves the right to terminate the registration of any participant if, in the opinion of the Director, it is in the best interests of the child or the program. In this situation the Director will determine if any refund will be given.

I have read and accept the MNjcc School's Out policies. I affirm that all information that I have provided on this form is true and correct. No application will be processed unless it has been fully completed. Please ensure that all information has been provided.

Signature of Parent/Guardian

Date

Office Use Only:

Data Recieved: _____ Date Processed: _____

Participant 1 Member #: _____ Participant 1 Adjustments: _____

Miles Nadal Jewish Community Centre Child Health Record

Date: _____

Child's Name: _____ Gender: Male Female Date of Birth: _____
mm/dd/yyyy

OHIP #: _____ Name on Health Card (if different): _____

Child's Height: _____ Weight: _____ Doctor's Name: _____

Doctor's Telephone #: _____ Doctor's Address: _____

Communicable Diseases Child Has Had (please check):

- | | | |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rubella | <input type="checkbox"/> Hepatitis B |

Illnesses or Hospitalizations (convulsions, operations, etc):

Allergies:

- Food: _____
- Drugs: _____
- Environment: _____
- No Known Allergies

Other:

- Skin Conditions: _____
- Sight Difficulties: _____
- Hearing Difficulties: _____

Is your child receiving any forms of treatment or medication for illness or injury? No Yes (please explain)

Will this problem interfere with his/her participation in activities at the Centre? No Yes (please explain)

Signature of Parent/Guardian: _____

Miles Nadal Jewish Community Centre Child Emergency Contact Info

Date: _____

Child's Name: _____ Gender: Male Female Date of Birth: _____
(first) (last) mm/dd/yyyy

OHIP #: _____ Doctor's Name: _____

Doctor's Telephone #: _____ Doctor's Address: _____

Primary Guardian Name: _____ Relationship to Child: _____
(first) (last)

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Work #: _____ E-mail: _____

Secondary Guardian Name: _____ Relationship to Child: _____
(first) (last)

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Work #: _____ E-mail: _____

Emergency Contact #1: _____ Relationship to Child: _____
(first) (last)

Phone #: _____ Alternate Phone #: _____

Emergency Contact #2: _____ Relationship to Child: _____
(first) (last)

Phone #: _____ Alternate Phone #: _____

Person Permitted to pick up your child: _____ Relationship to Child: _____

Person Permitted to pick up your child: _____ Relationship to Child: _____

Person Permitted to pick up your child: _____ Relationship to Child: _____

Please List any allergies your child has: _____

Medications for Allergies: _____

Are there any medical or other concerns that you have for your child? Please name and describe.

Schools Out General Permission Form Fall 2017

Dear Parent,

Please complete this form with ALL appropriate check marks and return the signed form to school.

I give I do not give permission for the Schools Out Program to take pictures of my child for internal usage only. These pictures will not be used for advertising.

I give I do not give permission for the Schools Out Program to take pictures of my child. I understand that these pictures may be used for advertising purposes.

The MNjcc is not responsible for any claims or proceedings made or brought in respect of any cost, losses, damage or injury arising by reason of the participation of the child listed below in the School's daily activities, or by reason or the provision of medical care to them.

Parent or Guardian's Declaration:

I hereby declare that in the event of an injury or medical concern, the MNjcc and its staff have permission to provide First Aid. I understand that in the case of illness or injury, every effort will be made to contact the parents/guardians listed on this form. If I am unable to be contacted, I hereby authorize the MNjcc program leaders to transport or arrange transportation of my named child to the nearest suitable medical facility. I authorize the MNjcc program leaders to consent to any x-ray examinations; medical or dental treatment; and hospital care advised and supervised at a licensed facility under the laws of the province. I understand that I am financially responsible for any medical and/or dental care given. I understand that certain information on this medical form may be shared with staff members in order to ensure the safety of the participant.

Parent's Name: _____ Signature: _____

Child's Name: _____ Date: _____

**The MNjcc is committed to accessibility. Please let us know if you have any accessibility needs. Contact Liviya Mendelsohn, Accessibility and Inclusion Coordinator:
inclusion@mnjcc.org; (416) 924-6211 x330**

Miles Nadal JCC Off-Site Permission Form

I am aware that my child _____ may be leaving the premises of the Miles Nadal Jewish Community Centre on occasion.

These outings might include but are not limited to:

Walking from child's school to the MNjcc (After School program only)

Trips to Roberts Field

Trips to nearby parks

Field trips (Day Camp only)

It is the responsibility of the MNjcc to ensure that adequate ratios are met during these excursions.

Name of parent or legal guardian

Signature

Date