

## EarlyON Registration

**Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (Unit No.) (City) (Province) (Postal Code)

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (Unit No.) (City) (Province) (Postal Code)

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

**Caregiver Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (Unit No.) (City) (Province) (Postal Code)

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

### Child/children's Name:

1 \_\_\_\_\_  
Name Birthdate Female Male Other

2 \_\_\_\_\_  
Name Birthdate Female Male Other

3 \_\_\_\_\_  
Name Birthdate Female Male Other

4 \_\_\_\_\_  
Name Birthdate Female Male Other

5 \_\_\_\_\_  
Name Birthdate Female Male Other

6 \_\_\_\_\_  
Name Birthdate Female Male Other

### Emergency Contact:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

## PROGRAM CONSENT AND WAIVER FORM

(Must be 18 years old and older)

I acknowledge and agree that I (my family) will use any and all Centre facilities when permitted at my (our) own risk. Neither Eastview Neighbourhood Community Centre/East Toronto Community Centre nor its staff shall be held responsible for any incurred injuries and/or loss of personal properties. I (we) also recognise that the right to membership depends upon the individual's respect for staff, property, rules and equipment.

I understand that all personal information will be kept confidential except:

- A. When information is legally subpoenaed or required under court order or search warrant.
- B. All suspicion of child abuse in any form must be reported to Children's Aid Society by Law.

I understand that the personal information on this form is collected under the authority of the Community Recreation Centre Act, S.O. 1990C C22, and by City of Toronto Municipal Code, Chapter 25, as amended. It will be used by Eastview Staff to administer and supervise the program, to obtain care in an emergency and statistical reports. Questions about this collection may be directed to the Executive Director at Eastview Neighbourhood Community Centre, phone number: 416-392-1750 Ext.302

I \_\_\_\_\_ (“Parent/Caragiver”) am authorized to sign this Consent and Waiver Form on behalf of the participant or participants.

I have read and agree to the liability consent and waiver terms and conditions and sign in conformity.

I would like to be contact at (Email) \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### EarlyON Programs

Please select the programs you would like to attend

**EarlyON Outdoors Programs**

**EarlyON Indoors Programs**

**EarlyON Virtual Programs**

Hablemos Español  
Satudays 10:00 to 11:00 am

Blake Street Bakes “BSB”  
Saturdays 11:00 am to 1:00 pm

Parlons Francais  
Saturdays 1:00 to 2:00 pm

#### Invdividual support

Monday to Friday 9:00 am to 5:00 pm

Contact Cecilia Molina @ [ceciliamolina@eastviewcentre.com](mailto:ceciliamolina@eastviewcentre.com) or (416) 392 1750 Ext 326

## Pre-registration for July 2021

Date: \_\_\_\_\_

Adult Name: \_\_\_\_\_

1. Child name: \_\_\_\_\_
2. Child name: \_\_\_\_\_
3. Child name: \_\_\_\_\_
4. Child name: \_\_\_\_\_
5. Child name: \_\_\_\_\_

Day	First choice		Second choice		Third choice	
	9:30 to 11:00	11:30 to 1:00	9:30 to 11:00	11:30 to 1:00	9:30 to 11:00	11:30 to 1:00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						