

☐ **RE-ENROLMENT** (current participant in 20/21 program) ☐ **NEW ENROLMENT** Desired starting date: \_\_\_\_\_

1. CHILD's Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ SCHOOL: \_\_\_\_\_ Grade: \_\_\_\_\_ (21/22 Year)

Date of Birth \_\_\_\_\_ (m/d/y) ☐ Male ☐ Female

Does this child have any allergies? ☐ Yes ☐ No If Yes, please specify: \_\_\_\_\_

Does this child have any medical concerns, special needs or require special support/assistance that we should be aware of? ☐ Yes ☐ No If Yes

Please specify: \_\_\_\_\_

AFTER SCHOOL ☐ FULL TIME ☐ PART-TIME \_\_\_\_\_ 4 DAYS/week \_\_\_\_\_ 3 DAYS/week \_\_\_\_\_ 2 DAYS/week \_\_\_\_\_ 1 DAY/week

\*If Part-time, please specify desired days; flex schedules may be requested but are not always able to be accommodated—monthly schedules are required

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

☐ CASUAL \*Casual applicants pay the daily fee the day they use the service

2. CHILD's Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ SCHOOL: \_\_\_\_\_ Grade: \_\_\_\_\_ (21/22 Year)

Date of Birth \_\_\_\_\_ (m/d/y) ☐ Male ☐ Female

Does this child have any allergies? ☐ Yes ☐ No If Yes, please specify: \_\_\_\_\_

Does this child have any medical concerns, special needs or require special support/assistance that we should be aware of? ☐ Yes ☐ No If Yes

Please specify: \_\_\_\_\_

AFTER SCHOOL ☐ FULL TIME ☐ PART-TIME \_\_\_\_\_ 4 DAYS/week \_\_\_\_\_ 3 DAYS/week \_\_\_\_\_ 2 DAYS/week \_\_\_\_\_ 1 DAY/week

\*If Part-time, please specify desired days; flex schedules may be requested but are not always able to be accommodated—monthly schedules are required

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**PARENT/GUARDIAN INFORMATION:** (The individual listed below as the Account Holder/Legal Guardian #1 is the individual who will receive the Income Tax Receipt for fees paid.) \* **PLEASE PRINT FIRST AND LAST NAME**

ACCOUNT HOLDER/  
LEGAL GUARDIAN #1 \_\_\_\_\_ LEGAL GUARDIAN #2 \_\_\_\_\_

Phone Numbers: (H) (\_\_\_\_) \_\_\_\_\_ Phone Numbers: (H) (\_\_\_\_) \_\_\_\_\_

(W) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Account Holder E-mail Address: \_\_\_\_\_

\*Note: This e-mail address will be used to send notices from time-to-time regarding activities, program updates, information about your account, etc., for the 2021/2022 program. Account Holders are to advise of changes in e-mail addresses.

**\*Please contact your TCRCE After-School Program administration should we need to be made aware of specific custody issues.**

**EMERGENCY contacts** – I/we authorize the following individuals to pick up my child(ren) and/or act as emergency contacts when I/we are unavailable:

1. NAME: _____	(first)	(last)	Home/Work Phone	Cell Phone	Relationship to Child(ren)
2. NAME: _____	(first)	(last)	Home/Work Phone	Cell Phone	Relationship to Child(ren)
3. NAME: _____	(first)	(last)	Home/Work Phone	Cell Phone	Relationship to Child(ren)
4. NAME: _____	(first)	(last)	Home/Work Phone	Cell Phone	Relationship to Child(ren)
5. NAME: _____	(first)	(last)	Home/Work Phone	Cell Phone	Relationship to Child(ren)

**ACCOUNT HOLDER:** \_\_\_\_\_ (Please identify the parent/guardian name for Income Tax receipt production.)

☐ If the above Account Holder will be cost-sharing the program fees with another individual, please indicate:

Name of that individual: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please identify the cost-share arrangement: Acct Holder #1 (name) \_\_\_\_\_ % \_\_\_\_\_ Acct Holder #2 (name) \_\_\_\_\_ % \_\_\_\_\_

Please provide any further clarification regarding the cost-share arrangements: \_\_\_\_\_

**\*Additional Account Holders are required to submit a second application confirming details and consent. The creation of multiple accounts enables each Account Holder to receive individual Income Tax receipts.**

### PAYMENT METHOD OPTIONS:

☐ PRE-AUTHORIZED DEBIT (PAD) PAYMENT: Please complete and attach the PAD agreement.

☐ POST-DATED CHEQUES: Attach 10 post-dated cheques dated for the 20<sup>th</sup> of each month from Aug. 20<sup>th</sup>, 2021 – May 20<sup>th</sup>, 2021 including the child's name and school on the front of each cheque. Cheques are to be made payable to TCRCE After-School Program.

☐ APPLICATION FEE - \$20 Per family before 12 Noon June 30, 2021. ☐ APPLICATION FEE - \$30 per family after 12 Noon June 30, 2021.

☐ Application Fee charge to PAD, upon acceptance ☐ Application Fee by cash or cheque, attached to this form

☐ Payments will be made by DEPARTMENT OF COMMUNITY SERVICES on behalf of the Parent/Guardian.

**Note:** Written confirmation of acceptance of financial responsibility by your community Services representative **MUST** accompany this form. It is the parent/guardian's responsibility to obtain this written confirmation for inclusion with this form.

### **PROGRAM & APPLICATION INFORMATION:**

- Applications must be submitted each year for returning students. **There are NO automatic re-enrollments.**
- Students may only register for a TCRCE After-School Program operating within the school in which they are enrolled.
- Application fees are non-refundable
- New payment information **MUST** be submitted each year for returning TCRCE After-School Program participants.
- All post-dated cheques and application fees **MUST** be included with this application to be eligible for processing.
- If the registration form is incomplete or payment arrangements are not included with the application, it will be returned to you as incomplete.
- PAD's are processed monthly on the 20<sup>th</sup> of each month, beginning August 20<sup>th</sup>, 2021, for 10 consecutive months ending on May 20<sup>th</sup>, 2022.
- Applications will be received beginning Wednesday May 31, 2021 at 8:30 a.m.
- The registration fee is \$20 for those applications received in our office by 12 noon June 30, 2021 and \$30 for applications received in our office after 12 noon on June 30, 2021.
- Priority enrollment will be offered to those applicants enrolling full-time (5 days per week), followed by part-time applicants based on the desired number of days. The date and time applications are received in our office will also be considered when comparing applications of equal number of day requirements. Please note: Priority will be given to returning students and their siblings who are registering full-time.
- **Applications take 24 to 48 hours to process.** Students may not attend the program until written or verbal confirmation of acceptance is received.
- Parents/guardians are required to contact our TCRCE After-School Program office to notify us of any changes to emergency contacts, mailing address, emails addresses, phone numbers, banking information, etc.
- It is required to give a **30 day notice** prior to the 20<sup>th</sup> of the month to withdraw or to change your registered program. The written notice, when withdrawing, is to include the child's name and the date of the last day attending. A **Fee Agreement Change** form and **\$15 fee** is required if changes are made to the amount of days attending. You will be billed for time where required notice was not provided.
- **PLEASE NOTE:** Where a program is at capacity, no part-time and casual registrations will be accepted. Students removed in the first month of enrollment will not be refunded. Also, it may not be possible to accommodate individuals requesting to decrease their enrollment schedule.

**\*No registrations will be accepted the week prior to or the week after school starts. You may submit applications but they will not be reviewed or approved until the week after school starts.**

**I/we have read the 2021/2022 TCRCE After-School Program Parent Handbook and understand the stated policies as well as the information on this application form and agree to abide by them.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_