



School Name:

: Continuing Education Elementary Summer School Program

# 2017 STUDENT REGISTRATION FORM

DATES:  
CLASS TIME:

English	<input type="checkbox"/>
French	<input type="checkbox"/>

\*\*If choosing French, your child must be currently attending an Immersion or Ext French program\*\*

## PLEASE PRINT

### STUDENT INFORMATION

Student Trillium/OEN Number  Home School

Last Name  First Name

Student Birth Date Year  Month  Day  Male  Female

Home Number  Present Grade (currently)

### MEDICAL/EMERGENCY INFORMATION

Health Card Number

Does your child have any medical conditions? YES  NO

If yes, please give additional information

Does your child have any allergies? YES  NO  Does your child require an EpiPen? YES  NO

If yes, please give the source of allergy, i.e. peanut, bees, dust, etc.

In case of emergency contact  Phone Number

I hereby approve that my son/daughter attend this summer program and that his/her Report Card be shared with the appropriate summer school administrators and teachers.

Parent/Guardian Name (PLEASE PRINT) \_\_\_\_\_

Business/(Cell)Phone Number  Email Address

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: Parent signature confirms that the proceeding information is current from the registration date. It is the responsibility of the parent/guardian to inform the school of any changes to this information. Any false or misleading information can be grounds for dismissal from the program.

Please select this box to receive commercial emails from us. This could include information about Continuing Education programs, courses, events, fairs, contests etc.

### SCHOOL USE ONLY - TO BE COMPLETED BY TEACHER/PRINCIPAL

Please indicate appropriate student support/needs/recommendations: \_\_\_\_\_

A copy of the student's February 2017 report card must be attached to this registration form.

Has this student been identified through the IPRC process? Yes \_\_\_\_ No \_\_\_\_

If yes, Exceptionality: \_\_\_\_\_ attach IEP to application

Signature of Principal/Designate \_\_\_\_\_ Date \_\_\_\_\_

Please note that Principal's signature is required. Unsigned registrations will be returned.

Summer School Principal use only: Date received from school: \_\_\_\_\_

Registration approved: YES  NO  If declined: Reason: \_\_\_\_\_

Notice of Collection: The information you have provided is collected under the legal authority of the Education Act, R.S.O.1980, chapter 129, as amended, and will be used as necessary for administrative purposes and program placement. If you have any questions, please contact: Superintendent of Education, Continuing Education, 2 Trethewey Drive, Toronto, Ontario M6M 4A8.

## **Summer School Nutritious Snack Program Registration and Allergy Form**

(PLEASE CHECK THE APPROPRIATE BOX, CLEARLY PRINT THE INFORMATION NEEDED AND SIGN/DATE THE BOTTOM OF THIS FORM)

I \_\_\_\_\_ agree to let \_\_\_\_\_  
Parent/Guardian Name Student Name

in grade \_\_\_\_\_ take part in the Summer School Nutritious Snack Program from July 5, 2017 to July 28, 2017.

I \_\_\_\_\_ do not want \_\_\_\_\_  
Parent/Guardian Name Student Name

in grade \_\_\_\_\_ to take part in the Summer School Nutritious Snack Program from July 5, 2017 to July 28, 2017. He/she will bring his/her own snack to school.

### **Food Allergy Alerts:**

Please list any special health or dietary concerns for your child by answering the following questions.

1. Does your child have any dietary restrictions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Allergies? Is your child allergic to any food, including nuts or milk/dairy products?

List allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check this box if your child has a life-threatening allergy (anaphylaxis) and your child has an Epi-Pen. To keep your child safe, please note that the Epi-Pen **must be with your child at all times.**

PHONE NUMBER TO CALL FOR EMERGENCIES: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Student Media Release Consent Form

Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.

## Part 1– Events

I, \_\_\_\_\_, hereby agree and give my permission for the  
(Name of parent/guardian if student is a minor, under the age of 18.  
Name of student if an adult, 18 years of age or older.)

Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the TDSB's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded TDSB/school events and TDSB hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded TDSB/school events and TDSB hosted events.

## Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_

School: \_\_\_\_\_

Student's Signature (If 18 years of age or older) \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature (If student is a minor – under the age of 18): \_\_\_\_\_

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