



Afterschool Program is funded under Ontario's Afterschool Initiative



GRADES 1 TO 6

P.A. DAY PROGRAM

TRIP DATES:

Friday January 17th, 2020

Morningside Cinemas

***Transportation by TTC**

Friday February 14th, 2020

Kids Zone

***Transportation by School Bus**

WHERE:
Drop-off and pick-up location at 90 Littles Road, Scarborough, ON

TIME:
8:30 A.M. to 5:00 P.M.
All participants are to be signed in no later than 9 A.M.
*Late pick up fees will apply

FEE: (CASH ONLY)
\$30/Child for Members per P.A. Day
\$40/Child for Non-Members per P.A. Day
NO REFUNDS

CHILDREN NEED:

- To bring a lunch (snacks will be provided)
- To bring a reusable water bottle
- To dress appropriately for the weather

FIRST COME, FIRST SERVE BASIS

To register, contact Sabthikah at 416-284-4184 ext. 207 or at 90 Littles Road. Please bring in membership card upon registration. 2020 Membership Renewal required.



2020 P.A. DAY CAMP PERMISSION FORM

Child's Name: _____ Membership #: _____

School Name: _____ Grade: _____

Allergy/Medication: _____

Adult's Name: _____ Telephone #: (_____) _____

Emergency Contact: _____ E Telephone #: (_____) _____

(please provide a different contact)
How did you hear about this program?: _____

Please check the dates you are registering for:

January 17th, 2020 **February 14th, 2020**

I, _____ **DO/DO NOT** (circle one) give consent for photos/videos of my child to be used by MFRC for communication and promotion purposes.

I, _____ **DO/DO NOT** (circle one) give permission for my child to leave on his/her own at the end of program. (Child is required to be over the age of 11 to sign themselves out)

I will be responsible for picking my child up at 90 Littles Road by **5:00 P.M.**

Alternatively my child will be picked up by: _____ Relation to Child: _____

This person is required to bring a piece of ID upon pickup (must be over the age of 14)

THERE WILL BE NO ALTERNATIVE CARE PROVIDED FOR ANY CHILD DROPPED OFF LATER THAN 9:00 A.M. ANY CHILD WHO IS PICKED UP AFTER 5:00 P.M. WILL BE CHARGED A LATE FEE OF \$1.00 PER MINUTE.

Parent Signature: _____ Date: _____

OFFICE ONLY | Total Amount Received: \$ _____

MFRC Staff Signature: _____