School Name: Firgrove PS **: Continuing Education - Elementary Summer School Program**

2020 STUDENT REGISTRATION FORM

DATES: July 6 – July 31, 2020
CLASS TIME: 9AM-12PM

Due by: **May 29, 2020**

Please Print

STUDENT INFORMATION

Student Trillium / OEN Number _____ Home School _____

Last Name _____ First Name _____

Student Birth Date: Year_____ Month_____ Day_____ Gender: Male ☐ Female ☐ Other ☐

Home Number _____ Present Grade (Currently) _____ IEP YES ☐ NO ☐

MEDICAL/EMERGENCY INFORMATION AND SNACK PROGRAM REGISTRATION

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 ☐

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

Does your child require an EpiPen? YES ☐ NO ☐

Please indicate the location of your child's Epi-Pen. Provided to the school office ☐ With Student ☐

May your child take part in the Summer School Nutritious Snack Program? YES ☐ NO ☐

Does your child have any dietary restrictions? YES _____ NO ☐

In case of emergency: Contact Name_____ 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.

SCHOOL USE ONLY – TO BE COMPLETED BY TEACHER/PRINCIPAL

Please indicate appropriate student support/needs/recommendations_____

_____

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, 3rd Floor, Toronto, Ontario, M6M 4A8.

Permission/Consent Form

(Please Print Clearly)

Student Information	
Last Name:	First Name:

Permission to Participate in Off-Site, Walking Excursions

Parent/Guardian permission is required for your child to participate in school-related walking excursions in the nearby school community and within walking distance of the school (e.g. walks to the local library, stores, galleries or parks). All such excursions must be approved by the Principal and supervised by TDSB staff. Where feasible, the school will notify parents and guardians of these activities in advance through the student planner, a newsletter, website or other communication.

☐ I **DO** give permission for my child to participate in school-related walking excursions as described above.

☐ I **DO NOT** give permission for my child to participate in school-related walking excursions as described above.

Student Media Release Consent (School/TDSB Events)

I, the parent/guardian, hereby agree and give my permission for the Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape 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 the TDSB's control. I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

☐ I **AGREE**

☐ I **DO NOT AGREE**

Student Media Release Consent (Media Organizations)

I also understand that external media organizations may attend school events in order to photograph, film, audio-tape or videotape persons at the event for the purpose of being published and/or broadcast on-line, on television or radio.

☐ I **AGREE** and give permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.

☐ I **DO NOT GIVE** permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.

Permission to Leave School in Severe Weather Conditions (Grades 6-12)

In the event that severe weather conditions result in the cancellation of student transportation or the early closure of school for the day, your child will be required to remain in the School until appropriate transportation can be provided. With your permission, the School will allow your child to leave the school premises early. Supervision will not be provided and the school/TDSB will not be responsible for your child's safety or conduct if the student leaves the school premises.

☐ I **DO** give permission for my child to leave the school early.

☐ **DO NOT** give permission.

Use of Personal E-mail Address
Communicating via e-mail is a timely, efficient and environmentally friendly way for school staff to communicate with parents/guardians about important school information. Should you wish to receive school information via e-mail, please fill in the form below: Parent/Guardian Email Address(1): _____ Parent/Guardian Email Address(2): _____ Canada's Anti-Spam Legislation (CASL) prohibits the sending of commercial electronic messages unless the sender has received the recipient's consent first. The Toronto District School Board (TDSB) and the School require your consent to send any electronic messages that promote, advertise or offer for sale anything including school pictures, yearbooks, uniforms, food programs, event tickets or entry fees, fundraising events or items, or similar events or offers to sell goods and services. Please indicate your commercial electronic message preference below. You may withdraw your consent at any time by notifying the school. **Information provided will not be shared with a third party.** ☐ I **DO** consent to receive commercial e-mails. ☐ I **DO NOT** consent to receive commercial e-mails.
Notice of Collection
The information collected on this form is collected under the authority of the *Education Act* R.S.O. 1990, c E.2, s.8.1, and will be used by Toronto District School Board for the general administration of our schools. All personal information collected on this form will be maintained in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c. M.56, s. 29. Any questions regarding the collection of information on this form may be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3365.

I acknowledge that it is my responsibility to advise the school immediately of any changes in the permissions and consents indicated on this form. (Legal Guardians sign on behalf of a child for whom they have lawful custody. Students who are 18 years or older will sign on their own behalf.)

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____Date: _____

Toronto District School Board

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 6, 2020 to July 31, 2020.

☐ I _____ **do not want** _____
Parent/Guardian Name Student Name

in grade _____ to take part in the Summer School Nutritious Snack Program from July 6, 2020 to July 31, 2020. 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