



applegrove
community at its core

Applegrove Satellite Afterschool Program

For children ages 6-12 years old

September 7, 2022 to June 30, 2023

Fees: \$380/month

(post-dated payments due on the 1st of each month)

Fees may be paid by:

1. Monthly email transfer (send funds to financemanager@applegrovecc.ca and include message with your child's name and the month being paid)
2. Post-dated cheques for all payments made out to Applegrove Community Complex
3. Credit card (call May Seto at 461-461-5046 to provide credit card information to set up pre-authorized monthly payments)

**Subsidies are available based on household income.
To learn more please contact May Seto, Program Director
at mseto@applegrovecc.ca or 416-461-5046.**



Applegrove Satellite Afterschool Program

The Satellite Afterschool Program for children ages 6 – 12 years old will operate from September 7, 2022 until June 30, 2023 at the Toronto Formosan Church (31 Eastwood Rd). Staff will pick up children at Bowmore and accompany them by walking to the satellite location where program will take place. Please note that program **will not** be open on the following statutory and designated holidays (Thanksgiving, Family Day, Good Friday, Easter Monday, Victoria Day), Winter Holiday and March Break.

The Applegrove Afterschool Program is a great place to socialize and meet new friends. We provide a healthy snack and time to help with homework before running fun and engaging activities including: creative arts, outdoor activities and a variety of active and social games. We provide the children lots of choice and input into the programming to ensure the best possible experience.

Trained and qualified staff will provide a safe, secure and structured environment where children from all backgrounds can further develop their own potential, self-confidence and sense of responsibility. This is accomplished through a variety of social, educational, cultural and recreational activities.

Registration and Fee Information

For afterschool fees, post-dated payments (see front page for options and fees below) due on the 1st of each month are required with completed application form. We are doing our best to maintain current fee levels, however fees may increase during the year due to rising costs or program changes. **Please be advised that cancellations require two-week advance notification.**

Session	Session Dates	Fee Due Date	Cost	Program closed
1	Sep. 7 – 30	Non-refundable and due August 26, 2022	\$380	
2	Oct. 3 – Oct. 28	Oct. 1	\$380	Oct. 10 (Thanksgiving)
3	Oct. 31 – Nov. 25	Nov. 1	\$380	
4	Nov. 28 – Dec. 23	Dec. 1	\$380	
5	Jan. 9 – Feb. 3	Jan. 1	\$380	
6	Feb. 6 – Mar. 3	Feb. 1	\$380	Feb. 20 (Family Day)
7	Mar. 6 – Apr. 7	Mar. 1	\$380	Mar. 13–17 (March Break)
8	Apr. 10 – May 5	Apr. 1	\$380	Apr. 7 (Good Friday) Apr. 10 (Easter Monday)
9	May 8 – June 2	May 1	\$380	May 22 (Victoria Day)
10	Jun. 5 – Jun. 30	Jun. 1	\$380	

PA day programming is available at the Duke of Connught school at an additional cost of \$35 per day. Registration is based on first come first serve basis and programming will only operate if we meet a minimum number.

Program Information

- Hours:** Bowmore school dismissal to 6:00 p.m.
Any pick-ups after 6 pm will result in a late payment fee of \$1.00 per minute.
- Snacks:** A healthy snack and drink (water) will be provided each day of program. Please notify staff of any allergies at time of registration.
- Behaviour:** Serious behaviours such as causing physical harm, running away, harassment, bullying, discrimination and verbal/physical threats **are completely unacceptable in our program.** Continuous acting-out may also result in suspension from the program.
- Absences:** Please call Applegrove Office 416-461-8143 to notify staff of any absences.

Child Information

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First name

Last name

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Date of birth

Age

Gender

--	--	--	--	--

Street #

Street Name

City/Town

Postal Code

Suite/Apt #

--	--	--

Emergency contact (not parents/guardians)

Telephone #

Relation to child

--

Allergies

--

Food restrictions

--

Challenges, disabilities or health concerns

1.	2.	3.
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Friends, family or classmates you would like your child grouped with (this is a consideration and not guaranteed)

Does your child currently take any medication(s) on a regular basis?

Yes No (If yes, please complete separate medication form)

Parent/Guardian Information

Parent/Guardian 1

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First name

Last name

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Primary telephone #

Secondary telephone #

Email address

Parent/Guardian 2

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First name

Last name

--	--	--

Primary telephone #

Secondary telephone #

Email address

Home Safely

We want your child to arrive home safely every day, please complete the following information. For your child's safety, we must be notified in writing of any changes.

Please print names of everyone (including parents and siblings) who are allowed to pick up your child:

OR

My child is allowed to go home on their own. Yes no **leaving the program by _____ pm**

Is there anyone who SHOULD NOT pick up my child? Yes no **Please list the names & relation below:**

IMPORTANT: Please read the following paragraph, sharing of information consent, release, and sign below:

I give permission for the above-named child to participate fully in both on and off-site activities and trips, unless otherwise indicated in writing. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Applegrove staff will attempt to contact me at the telephone numbers listed above. Applegrove will not accept responsibility for such services/treatment. Having taken all reasonable precautions, Applegrove shall not be held responsible for any accident or sickness of this child.

Sharing of information consent

I give permission for Applegrove staff to share information with the Duke of Connaught school staff and Administration for school related inquiries and for school staff to share information with Applegrove staff.

YES NO

Release of liability, waiver of claims, assumption of risks and agreement (please read carefully)

I recognize that my participation in the program/activity for which I register may include a risk to my health or a risk of injury. I hereby willingly assume such health risk or risk of injury for myself or for the person(s) for whom I am in law responsible, and I assume full responsibility before, during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the City of Toronto, all other organizations, associations and companies associated with any of the programs offered by the City of Toronto, and all their respective employees, agents, contractors, consultants, representatives, elected and appointed officials, successors and assigns (all of whom are called the "City Indemnitees") OF AND FROM ALL claims, demands, losses, damages, costs, actions and other proceedings whatsoever, whether in law, statute or equity, in respect of death, injury, loss or damage to me or my property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the City Indemnitees, arising or to arise by reason of my participation in the program or any of its associated activities.

I ACCEPT

Signature

Date

The Board of Management of Applegrove Community Complex collects personal information on this form under the legal authority of the City of Toronto Act, 2006, S.O. 2006, Chapter 11, Schedule A, sections 136 and 143, former City of Toronto Municipal Code Chapter 25, Community and Recreation Centres, and the Relationship Framework between the Association of Community Centre Boards of Management and the City adopted at the City Council meeting on September 25, 26 and 27, 2006 (see Clause 17, Report No. 7 of the Policy and Finance Committee). The information is used to process your application for program participation, to provide a safe and healthy program environment and to contact an emergency contact person in the event of an emergency; the registration of individuals in programs and, payment or reimbursement of fees; collection of outstanding fee amounts; aggregate statistical reporting, contacting clients regarding upcoming programs, and additional mailings, including newsletters/surveys and email notifications and receipt transactions. Questions about this collection can be directed to Applegrove Executive Director, 60 Woodfield Road, Toronto, Ontario M4L 2W6 416-461-8143.

Program/event: Applegrove Afterschool Program and PA Days

Individual/parent/guardian information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Telephone Number

Other persons for whom permission is being given (your children)

First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name

I give Applegrove Community Complex (Applegrove) permission to photograph, videotape, audiotape and/or interview either myself, or the person(s) on whose behalf I am giving permission named above ("the recordings"), and to publish the recordings in Applegrove publications/materials, including marketing and promotional materials, and the Applegrove official Web site, both now and in the future.

The recordings shall constitute the exclusive property of Applegrove and may be reproduced by Applegrove and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.

If I am providing the permission on behalf of someone other than myself, I warrant that I have the authority to do so.

I consent I do not consent

Signature: _____

Date: _____

The personal information on this form is collected under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, sections 8 and 136 (c). The information is used to obtain consent to reproduce and publish photograph/videotape/audiotape/film/interview in Applegrove CC publications/materials, including marketing and promotional materials, and the Applegrove CC official website. Questions about this collection may be directed to Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Rd., Toronto M4L 2W6, or phone 416- 461-8143.

To be filled in by a parent or guardian

Child's name: _____

Name of medication: _____

Date of prescription: _____

Dosage: _____

Time(s) to administer: _____

What to do in case of missed dosage:

What to consider when giving medication: (i.e. take before or after meal, not to be given with dairy products)

Possible side effects:

Where should medication be stored: (i.e. in the fridge, in a cool dark place, must be kept room temperature)

Doctor's name: _____ **Doctor's Phone #:** _____

Will your child administer their medication on their own? YES NO

If so, will they need a reminder? YES NO

Parent/Guardian's Name

Signature

Date

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