



A sport, fitness and life skills
facility for people of all abilities.
varietyvillage.ca

Application: Day Program

Participant Information

First name _____ Last name _____
 Address _____ Apt # _____
 City _____ Postal Code _____
 Phone _____ Email _____
 Gender _____ Date of Birth ____ / ____ / ____
 Person completing Form _____ Relationship _____
 Are you currently a member of Variety Village? Yes No

Emergency Contact Information

Contact Name:	Relationship:
Phone:	Work/Cell Phone:

Medical Information

Health Card Number: _____

Are there any concerns, physical, social, etc. that we should be aware of?	Yes	No
<i>If yes, please specify:</i>		
Allergies or Sensitivities	Yes	No
<i>If yes, please list:</i>		
Do you require medication?	Yes	No
<i>If yes, please specify:</i>		
Will this be administered during a program?	Yes	No

If Yes Please fill in the type of medication and time of administration.	Medication		
	Time		

By initialling I give Variety Village **Permission to Administer** the above mentioned medication .
Initial here _____

3701 Danforth Avenue
 Scarborough ON M1N2G2
 PH 416-699-7167
 TTY 416-699-8147
 TF 1-800-387-7686

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Do you carry an epi-pen?	Yes	No
Do you have any vision difficulties?	Yes	No
<i>If yes, please specify:</i>		
Do you have hearing difficulties?	Yes	No
<i>If yes, please specify:</i>		
Do you experience seizures?	Yes	No
<i>If yes, please specify:</i>		
Do you have speech difficulty?	Yes	No
<i>If yes, please specify:</i>		
Do you use sign language or a communication device:	Yes	No
<i>If yes, please specify:</i>		
Do you use a wheelchair, walker or other assistive devices:	Yes	No
<i>If yes, please specify:</i>		
Have you had any surgeries:	Yes	No
<i>If yes, please specify:</i>		
Personal Care Support		
Are there any toileting concerns, physical, social, etc. that we should be aware of?	Yes	No
<i>If yes, please specify:</i>		

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Education Information

Education: (if individual is currently in school) * **Please return school visit observation form with registration form**

School attending:	May we contact the school? Yes No
Teacher's name:	School phone number:

Please outline your interest in the following areas:

Mathematics:

Reading:

Writing:

Spelling:

Art and crafts:

Social Skills:

Health/Fitness:

Money Management:

Transportation Information

Please circle your transportation schedule to and from Variety Village:

Wheeltrans	Taxi	TTC	Parent/Guardian
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Participation Guidelines

To ensure that all participants actively participate in and enjoy the day program, participants in any of the following groups must be accompanied by an attendant, support person, or caregiver provided and paid for by the family or outside organization.

Medically Fragile - g tubes, trachea tubes, requiring suction, etc.	Aggressive - Physically or verbally
Physically Unable to feed, transfer, perform personal hygiene.	Behavioural - Unable to participate in group activities.

Parent/ Guardian will be contacted for possible registration withdrawal if it is deemed that the participant/caregiver arrangement is not working to the benefit, enjoyment or safety of the participant.

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Please circle the appropriate behavioral level (1 lowest - 5 highest)

Attention & Behaviours	1	2	3	4	5
Attention Span	1	2	3	4	5
Level of Frustration	1	2	3	4	5
Motivation	1	2	3	4	5
Level of independence	1	2	3	4	5

Please circle the days requested

Monday	Tuesday	Wednesday	Thursday	Friday	Fee: \$50/day

Consent and Waiver

In consideration of my/my child's participation in daily activities, overnight excursions and day trips within the program at Variety Village, I assume all responsibility for any injury, loss, or damage which I/my child may suffer to myself/him or herself or to my/his or her property in connection with said activity. I also understand that I/my child(ren)/my family will be expected to follow the rules of Variety Village and the direction of Variety Village staff. Failure to do so may result in cancellation of membership of day program privileges. In addition, I, for myself, my child(ren), or any of my personal representatives, heirs or successors, release and discharge Variety- The Children's Charity, Variety Village and its staff from any and all claims and causes of action I may ever have in connection with the above activity and waive all rights thereto. I understand and agree that it is my responsibility to make Variety Village aware, in writing, of any medical/physical conditions that may affect participation by me/my family in daily activities, overnight excursions and day trips within the program at Variety Village. By signing below I agree to the terms set forth in the "Consent an Waiver"

Parent/Guardian Signature

Date

Photo Release

"I also hereby give permission to Variety-The Children's Charity (Ontario), Variety Village, and all other associated organizations, associations and companies for the unrestricted right to take, use and publish my child(ren)/my family photograph, image and likeness in publications, promotional materials, website, video broadcasts, and any other communication vehicles, including electronic forms, at their discretion. Further, Variety-The Children's Charity, Variety Village and all other associated organizations, associations and companies shall have complete ownership of the photographs and images as they deem appropriate for purposes including, but not limited to, the promotion or illustration of their programs and activities. I release Variety-the Children's Charity, Variety Village and all other associated organizations, associations and companies and all of their directors, officers, employees and agents from liability claims and costs of whatever kind occurring in connection with being photographed and/or video taped or from the use of the images obtained there from."

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date received:

Signature:

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