Toronto District School Board

DEER PARK SCHOOL SATURDAY MORNING CLASSES

2023 STUDENT REGISTRATION FORM

Dates: February 18- March 25, 9:30 – 12:00 PM

Student Name:_____ Home School:_____

Birth Date: Year___ Month___ Day___ Gender: Male:__ Female:___ Other:____

Home Number_____ Current Grade_____ IEP Yes____ No____

Parent/Guardian Name:_____ Phone _____

In emergency: Contact Name:_____ Phone Number_____

Does your child have any medical conditions? Yes____ No_____

If yes, please give additional information:_____

Does your child have any allergies that require an Epi-Pen?_____

If yes, please ensure that the Epi-pen is with the child during the program hours.

If yes, please give additional information:_____

May your child participate in a nutritious snack program? Yes_____ No_____

Please describe any dietary restrictions:_____

I hereby approve that my child attend the Saturday morning class program at Deer Park School.

Signature of Parent/Guardian:_____

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.