

# CABBAGETOWN YOUTH CENTRE

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650 Parliament Street  
 Toronto, ON M4X 1R3

240 Wellesley Street East  
 Toronto, ON M4X 1G5

280 Wellesley Street East  
 Toronto, ON M4X 1G7  
 Tel: 416-963-9528

## GENERAL PROGRAM REGISTRATION AND RELEASE FORM (double sided)

**A Please ✓ check the programs you want to join**

### PROGRAMS AT CYC 2 LANCASTER AVENUE & WINCHESTER P.S.

**MONDAY - FRIDAY**

AFTER-FOUR (CYC)

Grades 1 – 6

3:00 – 6:00 pm

**MONDAY**

(Winchester P.S., Gym)

DANCE/HIP HOP

9 – 10 yrs old

6:00 – 7:00 pm

11 – 14 yrs old

7:00 – 8:00 pm

**MONDAY**

(Winchester P.S., Rm 102B)

CREATIVE WRITING

9 – 10 yrs old

5:00 – 6:00 pm

7 – 8 yrs old

6:00 – 7:00 pm

11 – 14 yrs old

7:00 – 8:00 pm

**TUESDAY**

(CYC)

DRAMA

7 – 9 yrs old

6:00 – 7:00 pm

10 – 12 yrs old

7:00 – 8:00 pm

**FRIDAY**

(CYC)

ADULT DANCE

6:00 – 7:30 PM

### PROGRAMS AT ROSE AVE. P.S. (ST. JAMESTOWN)

**MONDAY - FRIDAY**

AFTER-FOUR

(Rm 311)

Grades 1 – 6

3:00 – 6:00 pm

**WEDNESDAY**

DANCE/HIP HOP

(Gym)

7 – 8 yrs old

5:00 – 6:00 pm

9 – 10 yrs old

6:00 – 7:00 pm

11 – 14 yrs old

7:00 – 8:00 pm

**WEDNESDAY**

CREATIVE WRITING

(Rm 132)

7 – 9 yrs old

6:00 – 7:00 pm

10 – 12 yrs old

7:00 – 8:00 pm

**THURSDAY**

DRAMA

(Rm 132)

7 – 9 yrs old

6:00 – 7:00 pm

10 – 12 yrs old

7:00 – 8:00 pm

**B**

Today's Date: \_\_\_\_\_  
Day / Month / Year

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Day / Month / Year

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone : \_\_\_\_\_

Emergency Contact Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Is this child allowed to go home alone? (Child must be 10 years old) Yes  No

Who is authorized to pick-up your child? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in the outings, which have been scheduled for the program.  
 Please make sure your child brings the appropriate items for an outing (e.g. Lunch, hat, bathing, suit, towel, sunscreen, etc)

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

