



PART A: FAMILY INFORMATION --- Please print clearly

ADULT / PARENT / GUARDIAN's Family Name		First Name	Birth Date M/D/Y	Sex M/F
Family Address			Apt/Unit #	Postal Code
<input type="checkbox"/> Markham <input type="checkbox"/> Thornhill <input type="checkbox"/> Unionville <input type="checkbox"/> Other: (Please specify)		Home Phone #	Email	
Guardian's Bus. Phone #		Guardian's Cell Phone #		Are you a new applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian's Bus. Phone #		Guardian's Cell Phone #		Have you changed addresses? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY MEDICAL INFORMATION

Is there any medical information or special needs you would like us to know about? **Indicate participant's name.**

Is the condition life threatening if untreated? Yes No

PART B: PARTICIPANT INFORMATION --- Can be used for more than 1 family member / * IF PROGRAM IS FULL, APPLICANT WILL BE WAITLISTED

1. PARTICIPANT Family Name		First Name	Birth Date M/D/Y	Sex M/F
Course Barcode #	Activity Name	Location	Day & Start Date Time	Fee
<small>AND/OR</small>	Course Barcode #	Activity Name	Location	Day & Start Date Time
2. PARTICIPANT Family Name		First Name	Birth Date M/D/Y	Sex M/F
Course Barcode #	Activity Name	Location	Day & Start Date Time	Fee
<small>AND/OR</small>	Course Barcode #	Activity Name	Location	Day & Start Date Time
3. PARTICIPANT Family Name		First Name	Birth Date M/D/Y	Sex M/F
Course Barcode #	Activity Name	Location	Day & Start Date Time	Fee
<small>AND/OR</small>	Course Barcode #	Activity Name	Location	Day & Start Date Time

Total Charged

PART C: METHOD of PAYMENT --- (SORRY NO POST-DATED CHEQUES)

Cash Cheque — payable to the **TOWN OF MARKHAM**

Money on Account

Card #

Expiry Date: Amount to be charged \$:

(Non-Markham Residents — Please add \$10.00 per program per participant)

Card Holder Name (Please print):

Signature

OFFICE USE ONLY

Cash/Cheque Amt \$ Process Date: Clerk:

Submission of this form does not guarantee placement in a program. **If you have not received confirmation one week prior to the start of the program, please call 905-475-4731.**

Additional forms are available at the Community Centres or photocopies may be used.

* For Refund / Withdrawal Policy see page 32

The personal information collected herein is subject to the Municipal Freedom of Information Act and the Personal Information Protection and Electronic Documents Act. The information collected may be used for registration and marketing purposes and will be stored electronically by the Town for a period of time to facilitate annual registrations, surveys and mailings. Completion of this form constitutes consent by the applicant/user to these terms and uses, unless otherwise modified or revised in writing delivered to the Town.