



RECREATIONAL PROGRAM RELEASE FORM

The form must be returned no later than 5 business days prior to program start date. Please email a scanned copy to SRCprograminfo@srcentre.ca

Child's Name	
Parent/Guardian Name	
Contact Info (phone and email)	
Address	
Pick Up Contacts (if different than Parents)	Name: _____ Phone#: _____ Address: _____ Name: _____ Phone #: _____ Address: _____ Name _____ Phone #: _____ Address: _____
Additional Emergency Contacts	Name: _____ Phone #: _____ Address: _____
Notes (please indicate any medical conditions)	

PROGRAM INFORMATION

1 Program Name		<i>Start Date and Time</i>	
<i>Location of Recreational Program</i>			
2 Program Name		<i>Start Date and Time</i>	
<i>Location of Recreational Program</i>			
3 Program Name		<i>Start Date and Time</i>	
<i>Location of Recreational Program</i>			
Location of pick up- Daycare Classroom #			

I give permission for my child to be released and picked up at the designated location above by the Program Assistant provided by the Prosserman JCC and to be walked over to the indicated Recreational Program. I understand that upon pick up the Prosserman JCC Daycare is no longer responsible for my child.

Name _____	Phone _____
Parent/Guardian Signature _____	Date _____

Prosserman JCC
4588 Bathurst St.
Toronto, Ontario M2R 1W6
(416)638-1881

Prosserman JCC

