



## Glengarry Homework Club

### **2020\21 Homework Club Registration Form**

495 Glengarry Ave., 1<sup>st</sup> Floor, Windsor, ON N9A 1P5

PH : (519) 966-8203 EXT: 249

Dear parents and families:

Homework club will look a little different this year to ensure that programming is running but the safety of your children and our staff is most important.

Currently our program will be online through the platform of Zoom – where we will provide academic tutoring, homework help, reading support and any other academic help that may be needed. We will be running in person Homework Club as well, later on in September and will inform you when we know when that is to start.

If you do not have access to the internet at your home, please let us know so that programming can still be provided for your children. We will also be looking at some in person support when it is deemed safe and we are able to facilitate. If you do not have access to appropriate technology, please let us know.

***Programming will run Monday – Thursday from 4:00pm – 5:00pm starting September 14, 2020*** online through Zoom. A link will be shared to your email where the students are able to connect. We will also be sharing activities on our social media pages for content/activities/giveaways to support learning and fun.

Facebook: <https://www.facebook.com/GlengarryHomeworkClub>

Instagram: glengarryhomeworkclub

If you have any questions, please feel free to contact me at: 519-966-8203 or [sbaker@cupartner.ca](mailto:sbaker@cupartner.ca)

Kind regards,

Stephanie Baker, Glengarry Homework Club Coordinator, OCT

**PARTICIPANT(S) INFORMATION:**

<b>Name</b>	<b>Age/Birthdate</b>
<b>Child 1:</b>	
<b>Child 2:</b>	
<b>Child 3:</b>	
<b>Child 4:</b>	
<b>Child 5:</b>	

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

In case of emergency, please list two names and numbers of someone we can call if we are unable to reach you:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child require any support or special assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

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Does your child have any allergies or dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please specify:

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Do you have access to reliable internet at your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have access to technology (laptop, computer, ipad etc) Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in attending in person services? Yes \_\_\_\_\_ No \_\_\_\_\_

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Parent\Guardian's Name

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Date

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Parent\Guardian Signature