

**Registration Form**



**Sexuality Workshop with a Focus on Healthy Relationships  
Fall 2017**

**Dates:** Wednesdays – October 4, 11, 18, 25 and November 1

**Time:** 6:45- 8:30 p.m.

**Location:** Warden Hilltop Community Centre, 25 Mendelssohn St, Scarborough, ON M1L 0G6 in– For directions see <http://www1.toronto.ca/parks/prd/facilities/complex/1865/>  
Parking available

**Participant Information**

First Name:

Last Name:

Address:

Apt #

City:

Postal Code:

Home #

Cell #

E-mail address:

Age:

Male

Female

Extend-A-Family Coordinator (if applicable):

**Parent/Guardian Information**

First Name:

Last Name:

Address Same as Above: \_\_\_\_\_

Or different:

Address:

Apt #

City:

Postal Code:

Home #

Work #

Cell #

E-mail address:

Please provide the following:

- Any information on your son or daughter that might assist us in our presentation tools i.e. allergies, trigger words, etc.
- Topics that you would like to see covered during the workshop series.

**Emergency Contact**

Name:

Phone #

Relationship:

**I understand that a parent/guardian must accompany the young person during each of the five Wednesday evening sessions. Yes \_\_\_\_\_**

**Registration fee \$50.**

Fee enclosed Yes \_\_\_\_\_ No \_\_\_\_\_

If the fee presents an obstacle, please contact your Coordinator or Anne at: 647-292-5328.

Please return the completed registration form to the EAF office with a cheque payable to: **'Extend-A-Family'. Address: 200-3300 Yonge St., Toronto, Ont., M4N 2L6**

Parent/Guardian Signature:

Date:

Any queries please contact: Anne at [abm@extendafamily.ca](mailto:abm@extendafamily.ca) or call 647-292-5328.