

**Registration Form**



**Sexuality Workshop with a Focus on Healthy Relationships -Spring 2019**

**Dates:** Wednesdays – March 20, 27, April 3, 10, 17, 2019

**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/>

**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 Lee at 647-220-9412.

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

Parent/Guardian Signature: Date:

Any queries please contact: Lee at [ls@extendfamily.ca](mailto:ls@extendfamily.ca) or 647-220-9412.