

# The GymSkills Program

STEPS Programs [www.stepsprograms.com](http://www.stepsprograms.com) (416) 723-4745

## Application Form 2018-2019

CHILD'S NAME \_\_\_\_\_  
FIRST LAST

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

DAYTIME PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_ NIGHTTIME PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_

EMERGENCY NAME & PHONE NUMBER \_\_\_\_\_

EMAIL: \_\_\_\_\_

IF THERE ARE SPECIFIC GOALS OR AREAS YOU WOULD LIKE YOU CHILD TO IMPROVE IN DURING THE PROGRAM, PLEASE GIVE A BRIEF DESCRIPTION:

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IF YOUR CHILD HAS A MEDICAL INDICATION (E.G. ASTHMA), HEALTH NEEDS (E.G. DISLOCATES JOINTS EASILY), OR A DISABILITY, PLEASE GIVE A BRIEF DESCRIPTION:

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**LOCATION:** Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd, Toronto

**CLASS TIMES:** 9am and 10am - Classes are divided based on age to provide an optimal environment, if you are a new registrant to the program please contact Jesse to determine the most suitable class.

\_\_\_\_ Fall Session: Completed

\_\_\_\_ Winter Session: January 6 - April 21 (16 Weeks) Fee: \$512

**If you would like your child to have an individual 1:1 support instructor there is an additional fee (Winter: \$170)**

**Payment by interac transfer or cheques payable to Jesse Seguin's STEPS Programs**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For any questions please contact Jesse Seguin at 416 723 4745 or [jesse@stepsprograms.com](mailto:jesse@stepsprograms.com)