west toronto KEYS to INclusion
westtorontokeys.com
keystoinclusion@gmail.com

REGISTRATION AGREEMENT

BETWEEN
Participant's name and Parents' / Caregiver name(s)
AND
West Toronto KEYS to INclusion

_____ will start attending on _____,
(participant's name) *(date)*

and will attend _____ session(s) per week, namely (please circle) :

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9am -2pm	$55	$55	$55	$55	$55

After 3 months of attendance, a review with the participant, KEYS staff, and parents will be held to discuss the participant/program fit, any adjustments that need to be made in terms of frequency, support etc.

Every effort will be made to provide a program that is suitable to the needs of the participant; however, if the needs of the participant are such that they cannot be met by KEYS, and/or if there are safety concerns that cannot be resolved, KEYS reserves the right to terminate this agreement at any time in the first 3 months of attendance.

FEES:
KEYS will invoice each family at the beginning of each month for which _____ will attend. Payment is due upon receipt of the invoices. Payment can be made by:

1. Etransfer – payments.keystoinclusion@gmail.com OR
2. Cheque **dated the first of each month** made out to "WEST TORONTO KEYS TO INCLUSION ". Failure to provide payment will require the participant to withdraw from KEYS.

There will be *no refunds for absence or short-term illness* of the participant*, unforeseen closure of the building due to inclement weather or a building safety concern.

If after 3 months, new attendees registered for the September or January terms choose not to continue or KEYS terminates this agreement, no further payments are expected.

*see FEES & PAYMENT Policy attached

Our ***mission*** is to facilitate volunteer, work, learning and recreational opportunities for people with an intellectual disability to maximize their potential through integration into our west Toronto community.

Canadian Charitable Registration # 80687 5894 RR 0001

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I, _____ (parent/caregiver name) agree to provide e-transfer or cheque for each month of the term that my participant attends KEYS. Payment to be made on the first day of each month.

Terms:

1. September -December
2. January- June
3. July and August

As a returning participant, I agree to pay for the entire term, even if my adult participant withdraws from KEYS before the end of the term.

As a new participant, I understand that if after 3 months I choose to withdraw, or KEYS terminates this agreement, no further payments are expected.

_____

Signature Date

_____agrees to participate to the best of his/her ability in the KEYS program in a Safe, INclusive & Respectful way with the other participants and staff of KEYS.

Signatures:

_____ _____

Participant *Date*

_____ _____

Parent / Caregiver *Date*

_____ _____

KEYS Director *Date*

PLEASE RETURN FORM TO :
West Toronto KEYS to INclusion Inc.
c/o KATE MANSON, Program Administrator

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Subject	**FEES and Payments**
Policy	Payment will be made upon receipt of monthly invoices. Payment is to be made monthly via post-dated cheques or e-transfer to payments.keystoinclusion@gmail.com. Receipts are issued before the end of each month. There will be no rebates nor credits given due to unplanned closures (inclement weather) or participant absences*. Invoices include Statutory holidays. ***Returning participants*** *agree to pay for the entire term*, even if the participant withdraws from KEYS before the end of the term. ***New participants*** *understand that if after 3 months they choose to withdraw, or KEYS terminates their agreement, no further payments are expected.* *Occasionally KEYS participants are absent for an extended period of weeks/months. 1. If a participant is away part of a month but will be in attendance any part of that month, they pay for that full month. 2. If a participant will be away for an entire month or more, the family may choose to give up the spot, understanding that there is no guarantee that the spot will still be available. 3. If a participant is away for an entire calendar month or more, the family may choose to keep the spot by paying the fee they would have paid if present, unless a replacement can be found. **Exceptions:** 1. **Summer Camp**: Exception to the above is made for the summer months (July and August). The program hours and days shift during the summer, and there are 2 weeks of closures. Many participants go away with their families on holiday or to camp. 2. **Medical Leave**: the participant will be obligated to pay fees for time missed, and the spot will be held, unless a replacement can be found on a temporary basis until the participant returns