

# New Family Account

## To Use Touch Tone and Online Registration Apply now for a Family Account!

To be eligible to use Online and Touch Tone Registration to sign up for recreation programs, you will need to have your Family and Client Numbers created for each member of your family **before registration day**.

E-mail, Mail, fax or drop off this Family Information Form and our Customer Service Representatives will create your family account and send you the Family and Client numbers you need to use TTR and Online Registration.

<b>Mail To:</b> <b>Registration and Permits</b> Toronto City Hall 100 Queen Street West, 1 <sup>st</sup> Floor Toronto, Ontario M5H 2N2	<b>Fax To:</b> <b>416-392-1551</b> <b>Fax Alert:</b> Sending personal information by fax is not a secure means of transmission.
<b>E-mail:</b> pfrcustomerservice@toronto.ca	<b>In Person:</b> Local Civic Centre or Community Centre

- If there are more than four people in your family, please complete an additional form.
- Please keep Family PIN # and Client #'s in a safe place as they are permanent.
- Family information forms do not need to be sent in for each registration.
- You may call 416-338-4386 to get your numbers if you have misplaced them or refer to a previous registration confirmation

### Family Home Address

Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Main Contact Number (Home/Cell) Area Code	Number	Number of Family Members
		Optional * Family Email Address

### Medical Information – THIS SECTION MUST BE COMPLETED – Are there any medical or special needs information that you would like us to know? Please indicate in the box(s) below for each family member.

Emergency Contact Name	Emergency Contact #	Alternative Contact #
------------------------	---------------------	-----------------------

### Primary Contact – Family Member One (1)

First Name	Last Name	Birthdate (yyyy-mm-dd)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Area Code	Number	Extension #	Medical Issues:	

### Family Member (2)

First Name	Last Name	Birthdate (yyyy-mm-dd)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Area Code	Number	Extension #	Medical Issues:	

### Family Member (3)

First Name	Last Name	Birthdate (yyyy-mm-dd)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Area Code	Number	Extension #	Medical Issues:	

### Family Member (4)

First Name	Last Name	Birthdate (yyyy-mm-dd)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Area Code	Number	Extension #	Medical Issues:	

#### Notice of Collection

The personal information on this form is collected under the legal authority of City of Toronto Act, S.O. 2006, Chapter 11. Schedule A, s. 8, 74 & 136 and the Toronto Municipal Code, Chapter 441, Fees and Charges and Chapter 608, Parks. The information is used to process your application for program participation; the registration of individuals in programs; payment or reimbursement of fees; collection of outstanding fee amounts; aggregate statistical reporting, contacting clients regarding upcoming programs, and, additional mailings, including newsletters/surveys and email notifications and receipt transactions. Questions about this collection can be directed to: Parks, Forestry & Recreation- Manager of Customer Service, Toronto City Hall, 100 Queen Street, W., 1st Floor, Toronto, Ontario M5H 2N2 or telephone at 416-392-1902.