

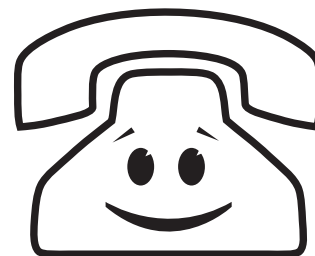
Register the **e**asy Way!



REG-E

Online registration

www.haltonhills.ca/reg-e



TELE-REG

Automated telephone registration

905-873-2498

(Not available for Library Programs)

Why?

- Allows you to register for all Recreation & Parks programs and preschool Library programs.
 - Provides quick and easy ways to register in addition to mail, fax or drop-off
- Saves you time and provides access to program registration at your convenience
- Immediate confirmation about the status of your registration request
- All registrations are processed on a first come, first serve basis

How? Apply for a Family Pin and Personal ID #'s!

To use the Reg-e and Tele-Reg systems, you will require one Family PIN, as well as Personal ID #'s for each family member. If you do not have a Family PIN, or you need to update your family information, please submit a Family PIN Request Form right away!

(See reverse)



For Recreation & Parks programs
visit www.haltonhills.ca/recandparks
or call the Program Hotline at
905-873-2601, ext. 2275.

For Library preschool programs
visit www.library.hhpl.on.ca
or call Acton at 519-853-0301 or
Georgetown at 905-873-2681, ext. 2515.



Reg-e and Tele-Reg Family PIN Request Form

1. If you do not have a Family PIN, are a new registrant, or need to update your existing family information, please submit this form and we will issue you a Family PIN so you can use these e-as-y registration systems, or we will update your account information accordingly.
2. Family PIN and Personal ID #'s are valid for all Recreation & Parks and preschool Library programs. (Please note that registering by phone with Tele-Reg is not available for Library programs)
3. Request for PIN #'s will be accepted on an ongoing basis, but don't delay! Be ready to register today!

Personal information on this form is being collected pursuant to administrative procedures and will be used for the purpose of program administration, communication and registration only. Questions about this collection should be directed to the Promotions Coordinator, Town of Halton Hills, Recreation and Parks, 1 Halton Hills Drive, Halton Hills [Georgetown], ON L7G 5G2 905-873-2601 ext. 2268.

1. Have you or a family member previously used Reg-e or Tele-Reg to register in Recreation & Parks or Library programs?

No Yes

2. If Yes, has your personal information changed, or are you adding a new family member? No Yes

3. Help Us Help You! Provide us with your email address!

Please provide us with your current email address to help us communicate relevant program and registration information to your family. **PLUS if you lose or forget your PIN # Reg-e's** built-in email feature can instantly reply to your PIN SOS, but only if we have your correct email address in our database!

MAIN CONTACT

Last Name Main Contact		First Name Main Contact		M <input type="checkbox"/>	F <input type="checkbox"/>
Address		Apt. #			
Town	Province	Postal Code			
Phone Main Contact		Business Phone Main Contact			
E-Mail Address Main Contact		Secondary Business Phone #			

By registering via Reg-e or Tele-Reg, I hereby release the Corporation of the Town of Halton Hills or the Halton Hills Public Library Board from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant hereon during any programs or in any location where a program is being held (i.e. field trips, organized swims, etc.) Permission is hereby granted to the department and its representatives to transport my child to a local doctor or hospital for medical treatment if necessary.

Signature of Main Contact

Family Member #1

Last Name		First Name			
M <input type="checkbox"/>	F <input type="checkbox"/>	Birth Date [d/m/y]	Please identify any health conditions or special needs:		

Family Member #2

Last Name		First Name			
M <input type="checkbox"/>	F <input type="checkbox"/>	Birth Date [d/m/y]	Please identify any health conditions or special needs:		

Family Member #3

Last Name		First Name			
M <input type="checkbox"/>	F <input type="checkbox"/>	Birth Date [d/m/y]	Please identify any health conditions or special needs:		

Family Member #4

Last Name		First Name			
M <input type="checkbox"/>	F <input type="checkbox"/>	Birth Date [d/m/y]	Please identify any health conditions or special needs:		

PLEASE RETURN FORM BY: Fax: 905-873-1587 **Drop off:** Halton Hills Civic Centre, Gellert Community Centre, Acton Community Centre to **Attn: Recreation & Parks** OR Georgetown or Acton Branches of the Halton Hills Public Library to **Attn: Children's and Youth Services.**