

MANDATORY SENSITIVE INFORMATION FORM

Destination Clic (July 1 to 19, 2024)



REGISTRATION CHECKLIST

- 1) Carefully read and complete the Destination Clic Program Registration Form online.
- 2) Please physically print this document and complete the following information:

I AM AN DESTINATION CLIC BURSARY RECIPIENT CONFIRMING MY PARTICIPATION IN THE:

- French as a First Language (FFL) Program for students in grades 8 to 10 (July 1 to July 19, 2024)

Participant Full Name:

Social Insurance Number (SIN): _____

DO YOU HAVE HEALTH INSURANCE?

- Yes
- No

If provincial coverage

From which province: _____

Health card number: _____

If other than provincial coverage

Name of health insurance company: _____

Health insurance policy number: _____

Customer service phone number: _____

3) Provide proof of identification with photo (e.g. health card, driver's license, passport, school ID, etc.)

4) Please Mail this document, proof of identification photo, and the necessary attachments to the following address:

Glendon Destination Clic Program
York Hall A112
2275 Bayview Avenue
Toronto, ON M4N 3M6

If you have any questions, please do not hesitate to contact us by email at: clic@glendon.yorku.ca



SECTION TO BE FILLED OUT BY GLENDON CONTINUING EDUCATION ADMIN ONLY:

DATE RECEIVED: _____

- COMPLETE**
- INCOMPLETE**
 - Social insurance number (SIN)**
 - Proof of identification with photo**
 - Optional Medical /Accommodation Information Form**
 - If any:**
 - As applicable:**
 - Proof of accommodation** (physician's note, copy of individualized learning/educational plan, etc.)
 - Proof of medical conditions** (seasonal allergies, asthma, diabetes, epilepsy, seizures, heart troubles, etc.)
 - Proof of prescription medications** (proof from physician or pharmacist)
 - Proof of allergies and need for EpiPen**
 - Proof of special diet for medical reasons** (physician's note)

NOTES:
