

## 2024 EXPLORE PROGRAM

### MANDATORY SENSITIVE INFORMATION FORM

Summer Session for Ages 13 to 15 (July 22 to August 9, 2024)



#### REGISTRATION CHECKLIST

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

**I AM AN EXPLORE BURSARY RECIPIENT CONFIRMING MY PARTICIPATION IN THE:**

- Ages 13 to 15 French as a Second Language (FSL) Program (July 22 to August 9, 2024)
- Ages 13 to 15 English as a Second Language (ESL) Program (July 22 to August 9, 2024)

Participant Full Name:

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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 Explore 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: [explore@glendon.yorku.ca](mailto:explore@glendon.yorku.ca)



**SECTION TO BE FILLED OUT BY GLEDON 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:**

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