



Service Agreement Information

Date		
Program name		Telephone #
Program address		e-mail address
Program Supervisor's name		Telephone #
Resource Educator's name		Telephone #
Resource Supervisor's name		Telephone #
1. Date of referral	2. Initial reason for referral	
3. Type of support(s) requested		
A. Individual Consultation		
Child's name	D.O.B.	Consents signed <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Program		
Age group	# of adults participating	# of children reached
C. Training		
Topic		# of participants
D. Other		
4. Other information (i.e. medical info, agencies involved, etc.)		

Toronto Children's Services collects personal information on this form under authority of the *City of Toronto Act*, 2006, ss. 8(2) and 136 (c) and O. Reg. 262/90 s. 48 made under the *Day Nurseries Act*, R.S.O. 1990, c. D.2. The information is used to make recommendations to achieve goals and for aggregate statistical reporting. Questions about this collection can be directed to the Program Manager, Special Services Unit, Metro Hall, 10th Floor, 55 John Street, Toronto, Ontario, M5V 3C6 or by telephone at 416-392-3593.

