

## After School Program Registration Form

<b>Participant's Name:</b>	<b>Gender:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Grade:</b>

*\*Please note: children in grade 1 or over are required to wear masks\**

<b>Parent/Guardian Name:</b>		
<b>Home #:</b>	<b>Work #:</b>	<b>Cell #:</b>

<b>Parent/Guardian Name:</b>		
<b>Home #:</b>	<b>Work #:</b>	<b>Cell #:</b>

<b>Name of Alternate:</b>	<b>Phone #:</b>
<b>Name of Alternate:</b>	<b>Phone #:</b>

### **SIGN OUT AUTHORIZATION**

List persons authorized to sign the child out of program (in addition to parents/guardians/emergency contacts):

Name	Relationship to Child	Phone #

(In a case where the alternate guardian is needed, identification must be provided by the alternate guardian – either a license or child's identification. In addition, the child will only be released to the parent or the above mentioned guardian).

**Medical conditions/Limitations: (ie. Allergies, Asthma, ADD, other conditions):**

---



---

\*Children must self-administer any necessary medication under staff supervision. After School Program staff will not give any medication.\*

**AUTHORIZATION & ACCEPTANCE**

I hereby permit my child to participate in the activities of the After School Program put on by Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena). I fully agree not to hold OCOF/Nena or its staff responsible for any injury or loss happening to my child while travelling from school to the program. I do hereby release OCOF/Nena and its employees and agents from any claim whatsoever arising from my participation or from my child’s participation in any program or in a facility or location where a program is held.

**MEDICAL AUTHORIZATION**

I authorize the staff of the After School Program and OCOF/Nena to provide all medical assistance which they deem necessary for my child in the event of injury. For injury or accident that requires something other than a cleaning and covering with a bandage, staff is required to call **911** to seek professional medical assistance. Parents or Guardians must be contacted. I agree to reimburse OCOF/Nena for any expenses incurred as a result of the injury.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGN OUT PERMISSION**

I give permission for my son/daughter to sign themselves in and out of the after school program:

- YES**                       **NO**

**PHOTO RELEASE**

I give the After School Program staff and OCOF/Nena the right and permission to use my child’s \_\_\_\_\_ photograph in its promotional material and publicity efforts.

Please Print Name

I do not authorize the use of my child’s photograph.

**CODE OF CONDUCT**

Please inform us of any family or behavioral concerns. Our staff will make every effort to accommodate your child’s needs, however we reserve the right with our “zero tolerance policy” to withdraw your child from the program should their behavior cause harm to themselves, participants, staff or property.

**AFTER SCHOOL INCLUSION**

We welcome and encourage all children with exceptionalities to participate in our After School program. Every effort will be made for a child to participate at a level suitable to their abilities, support needs and facility access. You must provide one-on-one support in the form of a family member, friend, trained support/social worker or nurse. A participant requires extra support if:

- Extra support is required in the classroom
- A physical, medical, developmental and/or learning exceptionality exists that affects the safety of the participant or other participants
- Extra support is needed at home for basic care such as dressing and toileting
- Participant is currently associated with a support agency or program.

**I have read, understand and accept the terms and conditions of this application form.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_