

# Afterschool Strategy Participant Consent & Emergency Information

Program Site:  Jepzidaa  iCAN Forest  iCAN Thedford  Watford  Aamjiwnaang

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ OHIP # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Parents/Guardians

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please list any **Allergies or Medical Information** we should be aware of, (i.e. food allergies, asthma, diabetes, etc.).

Please list any **Behavioural Issues** we should be aware of, (i.e. ADD, ADHD, Aggressions, Autism, etc.).

## Emergency Contacts: **TWO** contacts other than parents / guardians, is **MANDATORY**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please list other individuals who **CAN** pick up your child from the program.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please list any individuals who **CANNOT** pick up your child from the program.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

# Afterschool Strategy Participant Consent & Emergency Information

Participant's Name: \_\_\_\_\_

### Understanding of Respect:

On behalf of myself and my child participating in the program, I understand and agree with the need for mutual respect of all those participating in the program, including staff, volunteers, and other participants. This is a group program led by trained leaders who monitor the whole group, thus are unable to provide continuous, direct, one-on-one monitoring for any one particular participant. I understand and agree that if the behaviour of my child is disrespectful and/or becomes a hazard to the health, safety, and wellbeing of others, my child may be asked to leave the program for a period of time or indefinitely.

### Waiver of Responsibility:

Please inform your child's health care provider that your child is attending the program. The North Lambton Community Health Centre cannot be held responsible for risk willingly assumed. Therefore, I hereby release the North Lambton Community Health Centre from damages, claims, and demands arising by reason of participation in the program.

### Waiver of Damages:

I agree to take responsibility for any damages my child incurs to property of other program participants, of the program itself, and/or to the facilities in use.

### Permission to Photograph / Video

I agree to allow the North Lambton Community Health Centre (NLCHC) to photograph and/or video my child during his/her involvement with the Afterschool Program. I understand that these photographs and/or videos may be used by the NLCHC in any form (i.e. website, social media, brochures, pamphlets, facebook, videos, etc.) or may be shared with third party organizations, (i.e. funders, community partners, LHIN, etc.) to describe and promote the NLCHC's work in the community.

**Does your child have permission to be in photographs and/or videos for reasons explained above?**     Yes     No

**Does your child have permission to walk home?**     Yes     No

**Does your child have permission to sign themselves in and out every day if you do not drop them off or pick them up?**     Yes     No

I am providing accurate information to the best of my knowledge.

I \_\_\_\_\_, understand and agree to the information outlined on this form.

Parent / Guardian Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

# Registration Form - Programs

### Which language are you most comfortable speaking?

- English
- French
- Other \_\_\_\_\_

### Which gender best describes you?

- Female
- Male
- Intersex
- Trans – Female to Male
- Trans – Male to Female
- Two-Spirit
- Other (Please specify) \_\_\_\_\_
- Do not know
- Prefer not to answer

### Which sexual orientation best describes you?

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Queer
- Two-Spirit
- Other (Please specify) \_\_\_\_\_
- Do not know
- Prefer not to answer

### Which racial or ethnic group best describes you?

- Asian – East
- Asian – South
- Asian – South East
- Black – Caribbean
- Black – African
- Black – North American
- First Nation
- Indian - Caribbean
- Do not know
- Prefer not to answer
- Indigenous / Aboriginal
- Inuit
- Latin American
- Metis
- Middle Eastern
- White – European
- White – North American
- Other (Please specify)
- Mixed Heritage (Please specify)

Where were, you born? \_\_\_\_\_

If born outside of Canada, in what year did you arrive in Canada? \_\_\_\_\_

### What, if any, is your religion?

- None
- Anglican
- Catholic
- Baptist
- Jewish
- Protestant
- Jehovah’s Witness
- Other \_\_\_\_\_
- Prefer not to answer

### Do you have any of the following? Check ALL that apply.

- Chronic illness
- Developmental disability
- Drug or alcohol dependence
- Learning disability
- Mental Illness
- Physical disability
- Sensory disability
- Prefer not to answer
- None
- Do not know

Other (please specify)

Please complete other side...

**Which priority populations best describes you? (choose one)**

- Aboriginal (01)
- Senior Age Group (02)
- Youth Age Group (03)
- Low Income (04)
- Racialized (05)
- Rural (06)

**What is the highest level of formal education you have completed?**

- No formal education
- High School (grades 9 to 12)
- Primary School (not completed)
- Post-Secondary Education (college or university)
- Primary School (grades 1 to 8)
- I prefer not to answer
- Hight School (not completed)

**Approximately how much is the yearly income received by everyone in your household?**

- \$0 - \$14,999
- \$35,000 - \$39,999
- \$15,000 - \$19,999
- \$40,000 - \$59,000
- \$20,000 - \$24,999
- Over \$60,000
- \$25,000 - \$29,999
- I prefer not to answer
- \$30,000 - \$34,999
- I don't know

**How many people are supported by this income?** \_\_\_\_\_

**Which of these options best describe the people who live in your household?**

- Couple with child(ren)
- Siblings (brother/sister)
- Couple without children
- Extended family
- Grandparent(s) with grandchild(ren)
- I live alone
- Single-parent family (Mother head)
- I prefer not to answer
- Single-parent family (Father head)
- Other

**How would you describe your sense of belonging to your community?  
(Sense of belonging is feeling like you are part of something, connected and accepted)?  
(check only one)**

- Very Strong
- Somewhat Strong
- Somewhat Weak
- Very Weak

**In general, would you say your overall physical health is:**

- Excellent
- Very Good
- Good
- Fair
- Poor

**In general, would you say your overall mental health is:**

- Excellent
- Very Good
- Good
- Fair
- Poor

**Thank You!**



## Attendance Calendar- September Theford iCAN Program

Name of Child/ Children:

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Please indicate with placing a check mark on the days in which your child **WILL** be attending. If you have more than one child and their schedules are different, please indicate when each child will attend.

**Please return it to program staff as soon as possible.**

September 2019

Monday	Tuesday	Wednesday
2 <b>NO Program!</b>	3	4
9	10	11
16	17	18
23	24	25
30		

**PLEASE NOTE:**

If your child can no longer attend a day we are expecting them, please notify us by calling, texting or emailing as soon as possible. Thank you!

Office: 519-786-4545 ext. 322 - **before 2:30pm**

Cell: 519-381-4807 – **anytime**

I consent to the release of this information to my child's school for the purpose of a safe transition from school to program.

Parent/ Guardian Signature

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# September Newsletter



Hello!

We would like to take the opportunity to welcome both returning children and new children to our Afterschool Program ran by the North Lambton Community Health Centre. Our program is a FREE healthy lifestyle program focusing on physical activity, healthy eating, and personal wellness for children between grades 1 and 8.

New children are always welcome!

**Please return all signed forms (registration form and attendance calendars)** to program as soon as possible. Children cannot attend program until registration is complete.

Parents MUST sign out their children at the end of program. To do this please come inside and initial the sign out form. If you have given your child permission to walk and it is indicated on their registration form, they may sign him or herself out. Children will not be permitted to leave early unless prior consent has been given.

**IMPORTANT: For your child's safety – COMPLETED ATTENDANCE SHEETS MUST BE COMPLETED ON A MONTHLY BASIS IN ORDER FOR YOUR CHILD(REN) TO BE PICKED UP FOR WALKING BUS.**

**PLEASE** Check out and **LIKE** the **Afterschool Program Facebook page** on North Lambton Community Health Centre for our monthly calendars and newsletters. We will be posting any updated information about program (program cancellation, school closures, weather alerts etc..)

Please Note:

- Program runs until **6:00 pm**. Please pick up your child by **6:00 pm**.
- **Outside food and toys are not permitted at program. This includes electronic devices.**
- Children are not permitted to bring money to program and cannot purchase any items from the food booth during program hours.
- Please keep us updated on walking bus and/or pick-up changes.
- Please keep us updated with any concerns or changes with your children.



*Tim Hortons.*

A BIG thank you to Forest Tim Horton's for choosing NLCHC's Afterschool Program as the recipient of Smile Cookie proceeds again this year!

Don't forget to pick up a smile cookie between September 17<sup>th</sup> – 23<sup>rd</sup> at the FOREST Tim Horton's!



# The Redford iCAN Afterschool Program



Held at The Redford Arena  
Monday, Tuesday and Wednesday



The Redford cell phone  
519-381-4807

- ➔ Please return September Attendance Calendars as soon as possible.
- ➔ September 3<sup>rd</sup> is the first day of program!
- ➔ **PLEASE NOTE: The Redford iCAN is now running Mondays, Tuesdays and Wednesdays!**

Proceeds from Forest Tim Horton's smile cookie week will go to our Afterschool Programs!

For more information please contact

Program Leader - Samantha Baker  
(519) 786-4545 ext. 322  
sbaker@nlhc.com

Community Developer - Tiffany  
(519) 786-4545 ext. 235  
tmiller@nlhc.com

## September 2019

MON	TUES	WED	THURS	FRI
Welcome to The Redford iCAN Afterschool Program!				
2 NO Program!	3 FIRST DAY OF PROGRAM	4 TAG Games!	5 	6 
9 Kids Choice	10 Duck and Cover	11 Soccer	12 	13 
16 Capture the flag	17 Scoop it! 	18 Dodgeball Fun 	19 	20 
23 Kid's Choice 	24 Craft Activity	25 Floor Hockey	26 	27 <b>KIDS' CHOICE</b>

Please see the Reverse side for more important information.  
Thank you!