

## NLCHC Afterschool Program Walking Bus

### **Purpose**

The Afterschool Program Walking Bus has been created to help ensure all children have the opportunity to participate in the Afterschool Program by being able to get from school to the program safely. Two NLCHC staff will lead the Walking Bus each day the program is offered.

### **Risk Reduction**

The Afterschool Walking Bus is designed to reduce the potential risks involved in children walking unsupervised through high-traffic areas. The Afterschool Program participants will have safety in numbers and supervision during the walk by NLCHC Staff. Parents/Guardians are required to pick up their children up at the program site by 6:00 p.m.

### **Voluntary Consent**

I certify that I have read this consent form, or it has been read to me; have been given the opportunity to ask questions; and that I understand the potential risks. By signing this form, I agree to allow my child to participate in the Afterschool Program Walking Bus. I also understand and agree that although supervision is provided for the purpose of having my child walk safely from the school to the Afterschool Program, the behavior of my child to follow supervision is the sole responsibility of me and my child.

I have explained to my child the need for responsible behaviour and accept that should my child not follow the instructions of the leaders of the Walking Bus, he/she will not be allowed to be part of the After School Program Walking Bus.

### **Emergency Contact**

I understand that should my son/daughter become ill or is injured during the Walking Bus trip to the After School program, someone will attempt to contact me or an emergency contact at the numbers listed below.

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance and I agree that I will be solely responsible for any and all costs incurred as a result. In exchange for my child being permitted to participate in the NLCHC Afterschool Program Walking Bus for my child, myself, my child's heirs, guardians and legal representatives I release, hold harmless and agree not to make any claims of any kind against the Afterschool Program and the North Lambton Community Health Centre, or officials, staff, volunteers, employees, representatives, officers and directors for any injury (including death) to my child arising out of my child's participation in these or related activities.

Child(ren)'s Name(s) \_\_\_\_\_

School: \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

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

# 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**  
**Forest ICAN Program**

Name of Child/Children:

Please indicate by **circling** either **D/O (Drop Off)** or **W/B (Walking Bus)** 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 to program staff as soon as possible. MUST be completed for your child(ren) to be picked up for walking bus.**

**September 2019**

Tuesday	Thursday	Friday
3 D/O W/B	5 D/O W/B	6 D/O
10 D/O W/B	12 D/O W/B	13 D/O
17 D/O W/B	19 D/O W/B	20 D/O
24 D/O W/B	26 D/O W/B	27 <b>PD DAY</b> <b>No Program</b>

**PLEASE NOTE:**

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

**Office:** 519-786-4545 ext. 322 (before 2:00pm)  
**Cell:** 519-333-7197 (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! Welcome!

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.

**Please return all signed forms (registration form, attendance calendars, and walking bus permission form) to program as soon as possible.** Children cannot attend program until registration is complete. Space is limited!

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 **5:30 pm**. Please pick up your child by **5:30 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.

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!



**Thank You!**

# Forest iCAN Program

Located @ The Shores Recreation Centre  
Tuesdays, Thursdays, and Fridays

## September 2019

### Notes:

Please return your attendance calendar ASAP!

There is **no program Friday, September 27<sup>th</sup>** as it is a PD Day!

Reminder to text/call the iCAN cell phone with any important changes or information.

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

For more information or any  
questions, contact:

Program Leader- Samantha Baker  
iCAN Cell: 519-333-7197  
Office: 519-786-4545 ext. 322  
sbaker@nlchc.com



Community Developer- Tiffany Miller  
Office: 519-786-4545 ext. 235  
tmiller@nlchc.com

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 First day of iCAN!	4 	5 Tag!	6 Cross Country Canada
9 	10 Soccer	11 	12 Duck and Cover	13 Scoops up!
16 	17 Floor Hockey <i>Tim Hortons</i> 	18 <i>Tim Hortons</i> 	19 Dragons/Jewels <i>Tim Hortons</i> 	20 Kid's Choice! <i>Tim Hortons</i> 
23 <i>Tim Hortons</i> 	24 Basketball	25 	26 Doctor Dodgeball	27 PD Day No Program!

Don't forget to check out the newsletter on the other side of  
this sheet for more important information!