

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!

Jepzidaa Late Bus - Permission Form

Late bus will be provided at Jepzidaa on Mondays, Wednesdays and Fridays at 4:30pm.

If your child(ren) will be riding late bus after Jepzidaa, please complete this permission form and indicate the frequency in which the Program Leader should send them on the bus. If you do not sign this permission form, they will not be permitted to ride Late Bus.

If there are changes to your child(s) pick up routine (such as, they are not to ride late bus), it is your responsibility to contact and inform your Program Leader as soon as possible, as well as your child so they are aware of the changes. It is also your responsibility for a caregiver to be home to receive the child from late bus.

It is important to note that riding late bus is a privilege, and there are policies in place to ensure the safety of your child while riding the bus.

Late Bus Policies (Per Hillside School):

1. Keep hands off other participants; do not hit/kick/shove/push others
2. No smoking on the bus
3. No eating or drinking on the bus
4. No swearing, improper language, gestures or conduct while boarding or riding the bus
5. No bullying other participants
6. No drugs or weapons on the bus
7. Keep hands and arms inside the bus; Do not lean outside the window
8. Do not mark or damage any parts of the bus
9. Participants must always remain seated, until bus is stopped
10. Participants must always obey the bus driver and youth leaders

Consequences for Breaking the Rules:

Step 1: Two verbal warnings will be given

Step 2: A bus incident report will be written

By completing this permission form, you are indicating that you understand the policies in place for Late Bus, and your responsibilities regarding your child(ren)'s pick up routine.

I give permission for my child(ren), _____
to ride Late Bus after Jepzidaa at 4:30pm on Mondays, Wednesdays, and Fridays.

They will be riding Late Bus (please indicate one, by checking the box beside):

- Often, but not every day so I will communicate my child(ren)'s pick up routine with the Program Leader
- Every day, so please send my child(ren) on Late Bus every day of Jepzidaa, unless I contact the Program Leader and state otherwise

Caregiver(s) Name: _____

Signature of Caregiver(s): _____



Attendance Calendar – September

Jepzidaa ICAN Program

Name of Child: _____

Grade: _____ Teacher: _____

Please indicate by **circling** either **P/U (Pick UP)** or **L/B (Late Bus)** on the days in which your child **WILL** be attending.

Please return to program staff as soon as possible.

September 2019

Monday	Wednesday	Friday
2 P/U L/B	4 P/U L/B	6 P/U L/B
9 P/U L/B	11 P/U L/B	13 P/U L/B
16 P/U L/B	18 P/U L/B	20 P/U L/B
23 P/U L/B	25 P/U L/B	27 P/U L/B
30 P/U L/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. Miigwech!

Office: 519-786-4545 ext. 322 (before 2:00pm)

Cell: 226-989-9028 (anytime)

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

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 Jepzidaa. 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, attendance calendars, and late bus permission form) 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.

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.

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 17th – 23rd at the FOREST Tim Horton's!

Tim Hortons.



Miigwech!



Jepzidaa Program



September 2019

Located @ Hillside School
Mondays, Wednesdays, & Fridays

NOTES:

Wednesday, September 4th is the first day of Jepzidaa. Registration forms must be brought to be able to attend program.












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

For more information or any questions regarding Jepzidaa, please contact:

Program Leader - Diane
Jepzidaa Cell: 226-989-9028
Office: 519-786-4545 ext. 269
dpenny@nlchc.com



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

MON	TUES	WED	THURS	FRI
2	3 	4 First Day of Jepzidaa!	5 	6 Outside Time!
9 Basketball!	10 	11 Dodgeball Day!	12 	13 Pac Man Tag!
16 Crossfire!	17 	18 Huckle-Buckle! 	19 	20 Floor Hockey! 
23 No Program! 	24 	25 Capture the Flag!	26 	27 ToothPaste and Germs!
30 Tag Day!				

Please remember to read the newsletter on the reverse side for more important information about Jepzidaa.