

Afterschool Strategy Participant Consent & Emergency Information

Program Site: Jepzidaa iCAN Forest iCAN Thedford Watford Aamjiwnaang

Participant's Name: _____ OHIP # _____
 Date of Birth: _____ Home Phone: _____
 Home Address: _____ 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: _____

Please complete other side...

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 _____

Please complete next page...

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!



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 _____



Attendance Calendar- September
Watford Afterschool Program

Name of Child/ Children:

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.

MUST be completed for your child(ren) to be picked up for walking bus (East Lambton only).

September 2019

Tuesday	Thursday	Friday
3	5	6
10	12	13
17	19	20
24	26	27 PD Day No Program

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. 269 - **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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Watford Afterschool Program

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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.

New children are always welcome!

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.

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.

Thank you!

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!





Watford Afterschool Program



Held at Centennial Hall
Tuesday, Thursday, and Friday

SEPTEMBER 2019



Watford Cell Phone
519-381-4807

- Please return September Attendance Calendars as soon as possible.
- First day Of Program is September 3rd. Please bring completed registration forms to attend program.











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

Please wear comfortable clothing and
dress appropriate for the weather.
Children will be asked to wear clean
running shoes or go barefoot.

For more information please contact:

Program Leader - Diane
(519) 786-4545 ext. 269
dpenny@nlchc.com

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

MON	TUES	WED	THURS	FRI
2 Labour Day No Program!	3 First Day Of Program!	4 	5 Outside Time!	6 Gaga Ball!
9 	10 Splash Pad Day!	11 	12 Dodgeball Day!	13 Soccer!
16 	17 Duck and Cover! <i>Tim Hortons</i> 	18 <i>Tim Hortons</i> 	19 Tag Day! <i>Tim Hortons</i> 	20 Duck and Cover! <i>Tim Hortons</i> 
23 <i>Tim Hortons</i> 	24 Floor Hockey!	25 	26 Outside Time!	27 PD Day No Program!

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