

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?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Asian – East <input type="checkbox"/> Asian – South <input type="checkbox"/> Asian – South East <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Black – African <input type="checkbox"/> Black – North American <input type="checkbox"/> First Nation <input type="checkbox"/> Indian - Caribbean <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer | <ul style="list-style-type: none"> <input type="checkbox"/> Indigenous / Aboriginal <input type="checkbox"/> Inuit <input type="checkbox"/> Latin American <input type="checkbox"/> Metis <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White – European <input type="checkbox"/> White – North American <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> 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.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Chronic illness <input type="checkbox"/> Developmental disability <input type="checkbox"/> Drug or alcohol dependence <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental Illness | <ul style="list-style-type: none"> <input type="checkbox"/> Physical disability <input type="checkbox"/> Sensory disability <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> None <input type="checkbox"/> 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**
Aamjiwnaang 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.

September 2019

Monday	Wednesday	Thursday
2 NO Program!	4	5
9	11	12
16	18	19
23	25	26
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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After School program

September 2019

Held at the
Aamjiwnaang Community Centre
3:00pm - 6:00pm
Monday, Wednesday and Thursday



After School Program

**Cell Phone:
(226) - 932 - 0786**

Boozhoo!

WELCOME BACK!!!

This is going to be an exciting year!!

PLEASE keep your program leader updated with any new changes with your child(ren), Please let us know!

For more information please contact the Program Leader:

(226)-932-0786
3:00pm – 6:00pm

MON	TUES	WED	THURS	FRI
2 NO PROGRAM LABOUR DAY		4 Get to know everyone & BLOB	5 Dodgeball	
9 Outside Games		11 Flags	12 Gaga Ball	
16 Team Building Games		18 Dragons & Jewels	19 Across the World	
23 Colours		25 Leader Tag	26 Outdoor Game	

Be sure to check out the back of this page for more important information!

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.

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.**
- Please keep us updated with any concerns or changes with your children.



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