

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 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.) 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
- Primary School (not completed)
- Primary School (grades 1 to 8)
- Hight School (not completed)
- Hight School (grades 9 to 12)
- Post-Secondary Education (college or university)
- I prefer not to answer

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

- \$0 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$59,000
- Over \$60,000
- I prefer not to answer
- 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)
- Couple without children
- Grandparent(s) with grandchild(ren)
- Single-parent family (Mother head)
- Single-parent family (Father head)
- Siblings (brother/sister)
- Extended family
- I live alone
- I prefer not to answer
- 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!