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REGISTRATION for WHITESTONE YOUTH RECREATION CLUB

Monday - Friday 3:00 pm - 6:00 pm during Regular School Year 2017-2018 (excludes Holidays and PD days) Registration will be on a first come, first serve basis, as spaces are limited.

Child's Information

Name of Child	
Date of Birth	
Health Card No.	
Physician's Name	
Physician's Phone #	
Dentist's Name	
Dentist's Phone #	
Allergies	
Medical Conditions	
School	WHITESTONE LAKE CENTRAL SCHOOL

Parent/Guardian Information

		Alternate
Parent/Guardian Name:		
Relationship to Child:		
Home Phone #		
Business Phone #		
Address		

Frequency of Attendance (please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					

Fee is \$5.00 per day per child. Payments must be made at the Municipal Office.

Note: Subsidy may be available through the District of Social Services office for those who qualify.

Emergency Medical Attention

I hereby grant permission for the Supervisor to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but are not limited to the following:

- Attempt to contact parent/guardian
- Attempt to contact the child's physician
- Attempt to contact the parent/guardian through any of the persons listed as emergency contacts.

In the event that parent/guardian or the child's physician cannot be contacted, the following procedure will be followed:

- Call another physician
- Call an ambulance
- Have the child taken to the hospital in the company of the Supervisor

Illness

Our program required daily outdoor play for each child, therefore it is our policy that children too ill to play outdoors, must remain at home. If a child becomes ill during the day, temporary care will be provided until you are contacted, and your child is taken home.

Medication

Is medication being sent to day care? Yes No If yes, complete the following:

Medication	Dosage	Time to Administer	Reason for Taking

****Please keep all medication in the original containers****

Our program will administer prescribed medication to children, in accordance with Provincial Legislation. This requires that parents provide:

- Written medical authorization
- Dosage amount and time to administer

Medication must be received by a staff member in the original container, clearly labeled with the child's name, name of medication, dosage and instruction for its administration, date of purchase and storage information.

Allergies: Please describe any allergies your child may have to the following:

	Allergy	Reaction
Drugs		
Food		
Environmental		
Insect Stings/Bites		
Other		
Dietary Restrictions		
My child carries an	ANA Kit: Yes No	EPI Pen: Yes No

Please indicate the last date on which the participant has received a Tetanus Booster:

Past History of Communicable Diseases: Please check all that apply and specify when.

- Hepatitis A, B or C
- HIV?AIDS
- Tuberculosis
- Scarlet Fever
- Others: Please specify: _____

Other Health Issues: Please check any applicable areas

- Heart Disease/Defect
- Epilepsy/Convulsions
- Hearing Difficulties
- Bed Wetting
- Sight Difficulties
- Ear Infections
- Skin Conditions
- Headaches
- Asthma
- Homesickness
- Sleepwalking/Nightmares
- Bleeding/Clotting Disorders
- A.D.D. (Attention Deficit Disorder)

Please indicate any significant illnesses within the past year:

Please indicate any significant past illnesses or operations:

Is there anything else we should know? (Attach sheet if necessary)

Psychological Assessment and/or Counseling

Has the child been under treatment for any illness or conditions? Yes No

If yes, please describe the illness or condition, stating the dates and the length of time the participant has been undergoing this treatment.

Will this limit or affect the child's participation in after school activities? Yes No

If yes, please explain: _____

Important Information for Parents/Guardians

To the best of my knowledge, this person does not have a communicable disease, has not been in contact with anyone who has a communicable disease within three weeks of the after school program start date, and is physically able to participate in all after school activities. All medical concerns or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary. If I cannot be reached, nor any of the emergency contacts, permission is hereby, given to the physician selected by the after school program staff to hospitalize, secure proper treatment or order injection for my child as named above. I hereby certify that all information completes in this form is accurate and up-to-date. I will contact the staff in writing if any changes occur in my child's health status.

Parent/Guardian Name: _____

Parents/Guardian Signature: _____

Date: _____

Emergency Contact & Pick-Up Information

Should an emergency arise and you cannot be contacted, please provide the names, address, telephone number and relationship to persons who will assume responsibility for your child.

The following persons listed are authorized to pick-up _____ from the after school program.

Name	
Phone #	
Address	
Relationship to Child	
Name	
Phone #	
Address	
Relationship to Child	
Name	
Phone #	
Address	
Relationship to Child	

Parents/Guardian Signature: _____

Date: _____

Child Consent Form

Activities on Property:

I hereby give consent for my child _____ to actively participate in all activities associated with the program located at Whitestone Lake Central School.

Parent/Guardian Initials _____

Off-Site (neighborhood walks)

I hereby give consent for my child _____ to actively participate in all activities involving walking out trips within the community, provided that such programs are supervised by staff.

Parent/Guardian Initials _____

Off-Site Field Trip

I hereby give consent for my child _____ to actively participate in Off-Site Field Trips, provided that such programs are supervised by staff and on off-site trip description and permission forms is distributed prior to the trip.

Parent/Guardian Initials _____

Photography Consent

I hereby give consent for my child _____ to be photographed by the media only when they are invited by the staff to report on special events.

Parent/Guardian Initials _____

Parents/Guardian Signature: _____

Date: _____

Personal Belongings

Your child will require weather appropriate outdoor clothing. In the warm weather we ask that you provide the following:

- Light cotton clothes
- Sunhats
- Comfortable shoes
- Swim suits and towels
- Sunscreen
- Snack

Snacks will not be provided.

Please ensure that your child's name is clearly labeled on all of their personal belongings. The Program will not be responsible for any lost or stolen items.

Code of Behavior

The following expectations are intended as a guide to maintaining a safe happy and respectful environment for the children and staff. At all times, staff will role model, encourage and assist children to:

- Use appropriate language to express themselves
- Respect ideas, property and personal well-being of others

The safety of the children is our primary concern. The provision of our service is conditional on both your child's compliance with our Code of Behavior and parental treatment of the centre and its' staff.

Privacy Statement

The After-School program is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect and use personal data to better meet your service need, to ensure the safety of our property, for statistical and research purposes, to inform you about the After School Program in which you are registered, and to satisfy government and regulatory obligations.

Confidentiality Statement

The After School Program is committed to respect of the individual, which includes the maintenance of participant confidentiality. However, the confidentiality of the After School Program – Participant relationship is not absolute. There are circumstances when it is the staffs' duty to disclose participant information throughout the course of their relationship. There are four different ways in which such a duty may arise:

1. The requirements to disclose information through a subpoena or search warrant or other requirement by law.
2. The participant states that he/she will harm him/herself or someone else.
3. The participant gives written and verbal consent to the release of specific information, which has been clearly documented on a "Consent and Release Confidential Information" form.
4. The participant discloses information, previously unreported, regarding the abuse of a child under the age of 16.

I have read and understand the above, and sign below voluntarily.

Parents/Guardian Signature: _____

Date: _____

Release and Indemnity Form

Possession or use of alcoholic beverages or illegal drugs will not be tolerated. Participants will attend all organized group activities and may not leave the site of any activity without the permission of the group organizer. Vandalism will not be tolerated. Non-participatory or anti-social behaviors that are not in keeping with the spirit of this exchange are not acceptable.

I agree that the staff is not responsible for any bodily injury, loss or damage to personal property suffered by the participant before, during or after the exchange, unless such injury and damage is the direct and sole result of proven negligence on the part of the staff.

I agree that in the event of emergency medical attention or evacuation, I will not hold the staff responsible for any costs arising out of any emergency situation.

I agree that intentional participant behavior that puts my child or others at physical or emotional risk will result in immediate dismissal from the program, at the discretion of the After School Program Supervisor. I agree that expenses incurred because of the program dismissal will be the responsibility of the participant's and/or parent/guardian.

I am fully aware of all conditions of participation.

Parents/Guardian Signature: _____

Date: _____