



REGISTRATION FORM

MUNICIPALITY OF WHITESTONE AFTER SCHOOL PROGRAM Whitestone Lake Central School

**Monday - Friday 3:00 pm - 6:00 pm during the regular School Year 2019-2020
 (Excludes Holidays and other School Closures)**

Registration will be on a first come, first serve basis. PLEASE PRINT.

Name of Parents/Guardians: _____

Address: _____ **Postal Code:** _____

Phone number(s): _____

Email address(s): _____

Note: The Municipality will use the email addresses noted above for correspondence to parents. Please advise if the email address changes.

Child Information

Name of Child	
Date of Birth	
Health Card No.	
Physician's Name and Phone number	
Dentist's Name and Phone number	

Emergency Contact and/or Child Pick-Up Information

Should an emergency arise and you cannot be contacted, please provide the names, addresses, telephone numbers and relationship to persons who will assume responsibility for your child. The following persons listed are authorized to pick-up (*child's first and last name*) _____ from the After-School program.

Name	
Phone #	
Address	
Relationship to Child	

Name	
Phone #	
Address	
Relationship to Child	

Name	
Phone #	
Address	
Relationship to Child	

Name	
Phone #	
Address	
Relationship to Child	

Name	
Phone #	
Address	
Relationship to Child	

Expected Frequency of Attendance (please check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday
Other:				

Program Fee

The fee for this program is **\$6.00** per day per child.

Parents or guardians are required to pay in advance with post-dated cheques, debit or cash prior to the 1st of each month. **On-line payments are also an option.** Please contact the Municipality for information on how to make an on-line payment.

Financial subsidy may be available through the District of Social Services Office for those who qualify. Please contact 705-746-7777

Personal Belongings

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.

The 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

In the cold or rainy weather:

- Warm and water proof boots with extra socks
- Warm coat
- Hat and mitts (an extra pair of mitts is recommended)

Snacks

The Program does not regularly provide snacks or any food related items for the Students. Healthy snacks are available for the occasional times where a student is hungry and has not brought a snack with them.

MEDICAL AND HEALTH INFORMATION

Illness

The program requires daily outdoor play (weather permitting) 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 program hours, temporary care will be provided until you are contacted, and your child is taken home.

Medication

Is medication being sent to the After-School program? Yes No
 If yes, complete the following:

Medication	Dosage	Time to Administer	Reason for Taking

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

The Program Coordinator will administer prescribed medication to children, in accordance with Provincial Legislation. This requires that parents provide:

- Written medical authorization (in the form of a signed note providing clear to read information and instructions)
- Dosage amount and time to administer

Medication must be received by the Program Coordinator 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
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Please indicate the last date on which the child 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

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

Please indicate any significant illnesses within the past year:

Please indicate any significant past illnesses or surgeries:

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:

Parents/Guardians – Medical declaration:

To the best of my knowledge _____ (*child's first and last name*) 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 the health information of this form to be shared with the appropriate Program Coordinator 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 Coordinator to hospitalize, secure proper treatment or order injection for my child as named above.

I hereby certify that all medical information completed in this form is accurate and up-to-date and I will contact the Program Coordinator in writing if any changes occur in my child's health status.

Parent/Guardian Name: _____ Date: _____

Emergency Medical Attention

I hereby grant permission for the Program Coordinator 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

Parent/Guardian Name: _____ Date: _____

CONSENT FOR CHILD ACTIVITIES ETC.

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 Name: _____ Date: _____

Off-Site (neighborhood walks)

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

Parent/Guardian Name: _____ Date: _____

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 the Program Coordinator. Trip description and permission forms will be distributed prior to the trip and shall be signed by the Parent/Guardian.

Parent/Guardian Name: _____ Date: _____

Photography Consent

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

Parent/Guardian Name: _____ Date: _____

Sunscreen, lotion, lip balm, bug spray and hand sanitizer

I hereby give consent for the above reference products (which will be provided by me) to be used by my child and applied by the Program Coordinator. These products are not provided by the After-School Program. I acknowledge that an authorization for Medication Administration form is not required as per the Medication Administration Policy and Procedures.

Parent/Guardian Name: _____ Date: _____

Healthy Snacks

I understand the Municipality does not provide a snack for the After-School Program and that I am responsible for ensuring my child has adequate nutrition during their time at the After-School Program. However, I hereby give consent for my child to accept a healthy snack if one is being provided from time to time.

Please list any and all snacks or foods that you do not want your child to be provided with.

Parent/Guardian Name: _____ Date: _____

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Confidentiality and Privacy Statement

The After School Program is committed to the strict confidentiality of the program participants. However, the confidentiality of the After School Program participants relationship is not absolute. There are circumstances when it is the Municipality's or the Program Coordinators 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.

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 needs, 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.

Parent/Guardian Name: _____ Date: _____

BEHAVIOUR MANAGEMENT POLICY

The Whitestone After School Program will use positive methods to guide the child(s) behavior. It is important for the Program Coordinator dealing with children on a daily basis to have an enjoyment of and respect for each child as an individual.

Code of Behavior

The following expectations are intended as a guide to maintaining a safe, happy and respectful environment for the children and the Program Coordinators. At all times, the Program Coordinator 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 and the well-being of the children is a primary concern.

The provision of this service is conditional on both the student and the parent or guardian's compliance with the Code of Behaviour

Inappropriate Behaviour & Activities

- Creating disturbances
- Fighting/harassing/bullying
- Using profanity/obscene language directed at/or disturbing others
- Vandalism
- Intimidating/threatening others
- Disrupting the program or event
- Engaging in horseplay causing unsafe conditions
- Littering
- Blocking doorways/exits, etc.
- Causing unsanitary conditions

The Positive Approach

- Tell the child what you want him/her to do rather than what you don't want them to do (i.e. "I want you to come down from that chair because I don't want you to fall and get hurt.")
- Praise the child for successfully following through on a direction (i.e. "I'm really glad you are using the chair for sitting on, good for you!") Catch the child in the act of doing something right and let them know you're pleased by their behavior. We can increase the amount of appropriate behavior by giving the child praise for it.
- Use natural consequences to provide the children with opportunities to learn from the behaviors they exhibit i.e. "If you're going to hit the other children, you'll need to spend time playing by yourself where you won't be able to hurt anyone. When you're ready to play with the children in a safe way we'd be glad to have you join us again".
- Ignore undesired behavior when possible. (Children often continue to behave inappropriately in order to obtain additional attention from those around them.)
- Make sure that you have an adequate number of toys and equipment for all the children in your care. This will help to avoid frustration and conflict. Make sure that the toys are age appropriate for the children using them.

Behaviour Management Techniques

What we do

- Involve the children in the development of the rules.
- Maintain consistent behavior expectations and reinforce the program values.
- Guide children by setting clear, consistent, fair limits for program behavior.
- Use natural and logical consequences.
- Redirect children to a more acceptable behavior or activity.
- Use positive reinforcement, including a positive behavior recognition program.
- Make eye contact and listen when children talk about their feelings and frustrations.
- Guide children to resolve their own conflicts through the use of conflict resolution skills.
- Use effective praise that is immediate, sincere and specific.
- Modify and structure the environment to attempt to prevent problems before they occur.

What we don't do

- Corporal punishment is not permitted under any circumstances
- Deliberate harsh/degrading measures that would humiliate or undermine a child's self-respect
- Deprivation of food, shelter or clothing
- Confining a child in a locked room; and
- Exits locked for the purpose of confinement

Monitoring Program Coordinators

Written behavior management policies and procedures will be reviewed annually by the Municipality of Whitestone and with each program Coordinator, volunteers, and any persons regularly on the premises where care is being provided.

- Review all the Program Coordinator's behavior management monitoring notes.
- Review of all the Program Coordinator's and volunteer behavior management practices and techniques.
- Review any serious occurrence reports regarding behavior management filed by the program Coordinator immediately to determine the steps to be taken
- Give directions to the Program Coordinator to follow any steps required
- Ensure that all directions and follow-up information has been documented, completed and filed as required.

Discipline Actions

- Personal Time – removal of child from a situation for up to 5 minutes so they can regain control of their behavior.
- Verbal or written communication to parent/guardian regarding the child's behavior.
- Behavior Write-Up – a child's behavior may result in the child being given a behavior write-up. Three behavior write-ups in a school year will result in the suspension of the child. The parent/guardian is responsible for contacting the Program Coordinator to set up an appointment to discuss the child's behavior. If the child is reinstated and then receives a fourth behavior write-up, the Program Coordinator will suspend the child immediately and termination from the program may result.
- Behavior Action Plan/Improvement Plan
- Suspension – Serious behavior problems will result in immediate suspension, and the parent/guardian will be responsible for picking up the child immediately.
- Termination – The After-School Program cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, the following:
 - ❖ Behavior that requires constant attention for the Program Coordinator
 - ❖ Behavior that inflicts physical or emotional harm on other children or self
 - ❖ Behavior that abuses the Program Coordinator and/or ignores or disobeys the rules.

If a child cannot adjust to the program setting and behave appropriately, the child may not be able to return to the program. Reasonable efforts will be made to assist children in adjusting to the program setting.

I have read the Behavior Management Policy and agree with all policies and procedures as outlined.

Parent/Guardian Name: _____

Date: _____

Release and Indemnity Form

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

I agree that in the event of emergency medical attention or evacuation, I will not hold the Program Coordinator 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 Municipality and/or the After School Program Coordinator. 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 including program fees and payment requirements.

Parent/Guardian Name: _____ Date: _____ +

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Municipality of Whitestone section only

DATE RECIEVED	RECEIVED BY (PRINT NAME)	SIGNATURE
COMMENTS:		