



After School Program Registration Form

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705-474-0400 x2337
northbay.ca

Dear Parents and Guardians,

With generous funding from the Ontario Ministry of Tourism, Culture and Sport and the support of our community partners, the After School Youth Program seeks to offer our participants a safe and nurturing environment in which they can learn more about physical activity, nutrition, and healthy living.

The City of North Bay's After School Program is available at the following locations:

- **Circle Lake Community Centre:** Monday, Wednesday, Friday from 3 p.m. - 6 p.m.
- **Elmwood Community Hub:** Monday, Wednesday, Friday 3 p.m. - 6 p.m.

Each location can accommodate a limited number of participants ages 6 - 12. Participants are required to bring to each session indoor shoes, a refillable water bottle, and weather appropriate clothing.

To ensure participants safety, as well as equitable use of the program, the After School Program has the following policies in place:

- Participants are expected to attend on a weekly basis as outlined on their registration form.
- Should your child need to be absent from the program on a day s/he is expected to be there, please contact the After-School Program in any of the following ways:
 - In person with the on-site Programmers
 - Email: sommer.bradshaw@cityofnorthbay.ca (before 1:00 p.m.)
 - Call: 705-474-0400x2338 or 705-471-2283
- If your child is absent, and no notification is received, the on-site Programmers will call the phone numbers listed on the child's registration to locate him/her unless you have specified otherwise on the registration form.
- The After School program is a hands-off and harassment-free facility. Participants in violation of this may be suspended from the program or withdrawn.
- We utilize a 3-strikes policy for detrimental behavior. The first incident is a warning, the second warrants a suspension, and the third constitutes removal from the program.
- Each location will maintain a wait-list for those who wish to join after the cut-off number of participants has been reached. Should your child be wait-listed, s/he will be notified if/when a spot becomes available.
- Participants who have not attended for three consecutive sessions as outlined on their registration form, and who have not provided reasonable cause during or prior to the absence, will be deemed to have voluntarily withdrawn from the program.

- Withdrawn participants who wish to rejoin the program will have to complete a new registration form and are subject to any possible wait-lists that may exist at that time.
- The program utilizes a strict sign-in/out procedure. If you wish your child to be able to sign him/herself out, written authorization must be provided, and the child must be age 10+.

Please check which site your child will be attending:

Circle Lake Community Centre
 Elmwood Community Hub

Participant Information

| | | | |
|---------------------|----------------|---------------------|-------|
| First Name | | Last Name | |
| Date of Birth | yyyy - mm - dd | Age | |
| Health Card # | - - - | Parent/ Guardian | |
| Address | | Postal Code | |
| Home # | - - - | Work # | - - - |
| Emergency Contact 1 | | Home/Cell # | - - - |
| | | Work # | - - - |
| Emergency Contact 2 | | Home/Cell # | - - - |
| | | Work # | - - - |

Please check if your child has any of the following:

| | | | | |
|---------|--------|-------------------|----------|--------------|
| A.D.D | Asthma | Cardiac Condition | Epilepsy | Food Allergy |
| A.D.H.D | Autism | Diabetes | Epi Pen | Medications |
| Other | | | | |

Please specify:

Parent and Guardian Contact Information

| | | | |
|--------------|-------|--------------|-------|
| 1. Full Name | | 2. Full Name | |
| Home # | - - - | Home # | - - - |
| Cell # | - - - | Cell # | - - - |
| Work # | - - - | Work # | - - - |
| Email | | Email | |

Emergency Contacts

1. Full Name

Home #

Cell #

Work #

- -
- -
- -

2. Full Name

Home #

Cell #

Work #

- -
- -
- -

Authorized persons, other than parents/guardians and Emergency Contacts who may also sign out your child:

1. Full Name

Relationship
to Child:

Home #

Cell #

Work #

- -
- -
- -

2. Full Name

Relationship
to Child

Home #

Cell #

Work #

- -
- -
- -

My child is over the age of 10 years and I _____ authorize permission for my child/ren to sign out for the After School Program after the following time: _____ p.m.

Attendance

My child will attend weekly on the following days. (Check all that apply)

Caldwell Ellam Community Centre

Monday Wednesday Friday

Elmwood Community Centre

Monday Wednesday Friday

Circle Lake Community Centre

Monday Wednesday Friday

If your child misses three consecutive sessions, based on the attendance indicated above, without reasonable cause, s/he will be considered to have voluntarily withdrawn and his/her spot may be offered to another child.

We require prior notification if your child is going to be absent on a day s/he is expected to be present. Please use any of the contact means provided. If your child is absent without prior notification, the Programmers will attempt to locate him/her by calling the phone numbers provided. Please indicate below if you do not wish the Programmers to call.

If my child is absent from programming on a day s/he is expected to be present, please do not call.

I have read and understood the After School Program policies.

Parent/ Guardian's Signature

Date

Photo Release

During our activities there may be times when photographs may be taken of your child(ren). These photos may be used for publicity purposes or may appear in local newspapers. Please check one of the following options:

| | |
|--|--|
| I DO NOT authorize the City of North Bay to use photos of my child for publicity purposes. | |
| I DO authorize the City of North Bay to use photos of my child for publicity purposes. | |

I hereby authorize the City of North Bay to publish photographs taken of persons under my legal guardianship for use in print, Online and municipal publications. I acknowledge that their participation is voluntary and that neither I nor the minor children will receive any financial compensation for the use of these photographs. I further agree that my wards participation in any publication, photo, or website confers upon me or my child no rights to ownership of the original photo or the forum in which it was used. I hereby release the City of North Bay from any liability or third-party claims regarding the use of these photographs.

Participant's Name:

Parent/Guardian's Name:

If you require further assistance, please contact the After School Program at 705-474-0400 ext. 2338 or by e-mail at sommer.bradshaw@cityofnorthbay.ca

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of the After School Program and/or Youth Program. Questions about this collection or personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626, ext. 2510.

