

# Fall 2018 RECREATION AFTER SCHOOL PROGRAM REGISTRATION



Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Street: \_\_\_\_\_ Unit #: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ **YES!** Sign me up for email Newsletter: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

*Please note that **the Emergency Contact must be someone other than the participant's parent(s) or legal guardian(s).***

*In the event of an emergency or program cancellation, the person named above will be contacted only if we have been unable to reach the participant's parent(s) or legal guardian(s)*

**Please select one of the following options:**

- My child has permission to walk home on their own at the end of program  
 My child will be picked-up at the end of program by one of the individuals listed below

**Please list anyone whom your child has permission to be picked up by (including parent(s), legal guardian(s), and/or siblings). Your child will ONLY be released to those listed. Identification may be requested by Staff.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Would you like your child to be picked up by the Neighbourhood Group Courtesy Walk at the end of the school day?**

**Yes**  (if YES please specify below) **No**  **N/A**

St. Peter Catholic School

Paisley Road Bus Stop (Route 104) located at Westwood Public School

**Does your child have any known allergies (food, drug, environmental) or any dietary restrictions?**  Yes  No

*If yes, please list:* \_\_\_\_\_

**Is your child currently taking any medication on an ongoing basis or does he/she carry any emergency medication?**  Yes  No

*If yes, please list:* \_\_\_\_\_

**We want your child to have a fun and safe program experience. To help us achieve this we would like you to answer these questions or speak to staff.**

Does your child have any special needs or physical limitations that staff should be aware of?  Yes  No

*If yes, please comment:* \_\_\_\_\_

Does your child have the support of an EA, IEP or IPRC at school?  Yes  No

If yes, please comment: \_\_\_\_\_

**Session 1:** September 4, 2018 – October 26, 2018  
**Session 2:** October 29, 2018 - December 21, 2018

Please indicate which program you are registering for:

**Session 1**

- + **Loacal Heros** (Monday) 6 weeks [ ]
- + **Nature detectives** (Tuesday) 8 weeks [ ]
- + **Artistic Creations** (Wednesday) 8 weeks [ ]
- + **Cooking with Chemistry** (Thursday) 8 weeks [ ]
- + **You are Special** (Friday) 7 weeks [ ]

**Session 2**

- + **Edible Engineering** (Monday) 8 weeks [ ]
- + **Destination Imagination** (Tuesday) 8 weeks [ ]
- + **Crazy Concoctions**(Wednesday) 8 weeks [ ]
- + **Recycling-Fun** (Thursday) 8 weeks [ ]
- + **Our 5 Senses** (Friday) 7 weeks [ ]

**PA Day Camp**

- + **Game day Mania** (Friday, September 28, 2018) [ ]
- + **Magical Potions** (Nov 2, 2018) [ ]
- + **Creative Kids** (Friday, November 30, 2018) [ ]

Times: 8:00 am – 4:00 pm  
Cost: \$30.00 per child per PA Day Camp  
Extended Care to 5:00pm is available for an extra cost of \$5.00 per child

**Payment**

The Neighbourhood Group believes that quality children’s experiences should be financially accessible, and so we have set our fee on a sliding scale. A sliding fee means that families pay different amounts for the same service. The cost for the RASP is \$14 per child per day, the Neighbourhood Group subsidizes fees below this amount to the best of our ability.

Everyone’s financial situation is different. We are not requiring any parents to show proof of income. Please consider your budget when discussing what you can pay with the Coordinator and also how much you value the programs being offered by the Neighbourhood Group. All financial information is strictly confidential between parents and the Neighbourhood staff. There are a limited number of subsidized spaces.

*A cheque may be made out to the “West Willow Village Neighbourhood Group”  
NSF cheques will be subject to a non-refundable fee of \$5.00. All program fees are non-refundable.*

**Payment plans and Other Agency Subsidies are available;  
please speak to Amanda Stahlbaum, Children’s Program Coordinator 519 826 9930.**

**By signing below, I agree to the following:**

I hereby allow my child’s name and photograph to be posted/displayed in the program facility and to be released to the media for the purpose of program publicity. **YES [ ] NO [ ]**

I hereby authorize program staff to administer emergency first-aid and seek medical treatment or hospital care in the event that a serious injury or illness is incurred while under their care and agree to cover any resulting expenses.

I understand that any agents, employees, members, and directors of the West Willow Village Neighbourhood Group, and the West Village Community Development Co-operative Ltd are not responsible for the loss or damage of any participant’s personal property nor are they responsible for any injuries incurred during program activities.

I understand that program staff and volunteers are not responsible for my child prior to their arrival at program and after their departure from program.

I understand that all Staff reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have consistently rejected the reasonable behavioural expectations of the program. I also understand all participants are bound to the West Willow Village Code of Conduct, and the steps which Staff will take if behavioural challenges persist.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the West Willow Village Neighbourhood Group programs. At no time will your personal information be disclosed without your express written consent.**

**If you have any questions you may contact the West Village Community Development Co-op Ltd,  
(519) 826 9930 or by email at [info@westwillowvillage.ca](mailto:info@westwillowvillage.ca)**