

# Baysville After School Program Registration Form 2009/10

## Family Information

Parent Name(s):	
Address:	
Postal Code:	
Home Phone:	Work Phone:
Cell:	Other:
E-mail:	
Are there any older siblings at home during BASP hours? Yes / No	
Name(s):	

:

## Required information about children attending the BASP.

NAME(s)	SEX	DOB (dd/mm/yy)	Health Card No.	Allergies/Medications/Any Other Health Issues:

*If your child needs to take medication while at BASP, this includes self-administered medication, please fill out and follow the instructions on the Medical Provisions/Emergency Information Sheet included with this package. One form per child must be completed.*

## Custody/Access

Are there any parents that live away from home that may need to be contacted during the after school program? If so, please include them as an emergency contact.	Y	N
Will you be including court/custody documents to with this registration form?	Y	N

Are there any restrictions on who may contact your child while at the Baysville After School Program?  
Please provide details:

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## EMERGENCY NUMBERS

Please give the name, address and phone number of at least two people that may be notified in case of an emergency or illness, when parents or guardian are not available. These people should live in the Baysville area, and may be the same as people on your pick up list. Please provide telephone information where these people may be reached during program hours.

Name	Relationship	Phone # 1	Phone # 2

**Please review the following questions with your child/children.**

Child No.1. Name:	Yes	No
Is your child currently on a behavior plan at school?		
Does your child have an educational assistant? If Yes, please provide name/contact info.		
Does your child have any fears we should know about? If so what?		
Is there something unique that we can do, to help calm your child if he or she is in distress? If so, what?		

Child No.2. Name:	Yes	No
Is your child currently on a behavior plan at school?		
Does your child have an educational assistant? If Yes, please provide name/contact info.		
Does your child have any fears we should know about? If so what?		
Is there something unique that we can do, to help calm your child if he or she is in distress? If so, what?		

Child No.3 Name:	Yes	No
Is your child currently on a behavior plan at school?		
Does your child have an educational assistant? If Yes, please provide name/contact info.		
Does your child have any fears we should know about? If so what?		
Is there something unique that we can do, to help calm your child if he or she is in distress? If so, what?		

Child No.4 Name:	Yes	No
Is your child currently on a behavior plan at school?		
Does your child have an educational assistant? If Yes, please provide name/contact info.		
Does your child have any fears we should know about? If so what?		
Is there something unique that we can do, to help calm your child if he or she is in distress? If so, what?		

## PERSONS AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN

Any changes to this list must be in writing and given to the BASP staff prior to the time of the intended pick-up.

Name	Relationship	Phone	Alternate

## TRANSPORTATION

Yes	No	Question
		My child/children will be picked up by the people on the authorization list daily.
		My child/children is/are allowed to walk home, and has permission to sign themselves out at 6pm.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SAFE DEPARTURE PROCEDURES

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release you child to them.

Also, any person appearing to pick up your child MUST be on the pick up list OR you must have made prior arrangement for this person to pick up your child. (see manual)

Any person NOT appearing on the pick up list or whom you have not made prior arrangements to pick up your child will NOT be allowed to take your child from the childcare site.

*This is a precautionary measure to ensure the safety of your child, and I agree to this arrangement.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO PHOTOGRAPH

From time to time the children are photographed while they are participating in various activities when in the Baysville After School Program. These pictures may appear in the local newspapers or in our brochures promoting the BASP. The pictures would never be used for commercial use with the program benefiting monetarily from them. For this we do need your permission:

\_\_\_\_\_ YES, I give my permission that it is ok for my child to be photographed.

\_\_\_\_\_ NO, I do not give my permission for my child to be photographed. (this will mean that your child will be removed from all BASP photos)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE

1. Immunization: My child's immunization record is on file with the school listed above. All required immunizations are current.
2. Authorization: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the Township of Lake of Bays to order and/or perform any medical attention deemed necessary if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the Township of Lake of Bays nor its workers can be held responsible in the event of accident or accidental death.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out and follow the instructions on the Medical Provisions Sheet included with this package. One form per child must be completed.*

### **Attachments, please complete one per child**

- Medical Provisions/Emergency Information
- Township of Lake of Bays Zero Behaviour Policy
- Township of Lake of Bays Liability Waiver

# BAYSVILLE AFTER SCHOOL PROGRAM 2009/2010

## EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Health Card No. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL PROVISIONS DETAILS

Please complete this section if a child is participating in the Baysville After School Program and has medication that may or may not need to be administered.

Name of Medicine: \_\_\_\_\_ DIN# \_\_\_\_\_

Purpose of this Medicine: \_\_\_\_\_

Time: \_\_\_\_\_ Amount: \_\_\_\_\_ By Whom: \_\_\_\_\_

Number of Items: \_\_\_\_\_ Refrigeration: Yes \_\_\_\_\_ No \_\_\_\_\_

Who Can Carry Medication?:

Child Y / N

Councilor Y / N

Supervisor Y / N

Is medication to be returned at end of each day? Y / N

Additional comments/instructions:

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**Township of Lake of Bays  
Parks and Recreation  
Baysville After School Program- Zero Tolerance Behaviour**

Children are entitled to a pleasant and safe environment while participating in this program. The types of behaviors that we expect from children are as follows:

1. Respect for fellow children and staff.
2. Be responsible for personal belongings
3. Participation in all after-school activities
4. Possess positive and caring attitude, and use acceptable language
5. Follow proper safety procedures while on buses and at specialty activities, and follow directions the first time they are given.

The Township of Lake of Bays Parks and Recreation Department will not serve children who display unacceptable behavior. If children exhibit any type of behavior which is thought to be unacceptable by a staff member, they will be warned to correct their behavior and then the Zero Tolerance Behaviour Policy will be followed. Staff will take preventative measures to intervene appropriately as required. If an incident occurs, it will be documented on the child's file.

Unacceptable behavior includes, but is not limited to:

- Foul language
- Disrespect for another child or counselor
- Fighting
- Not taking part in activities
- Ignoring or disobeying rules of safety
- Inappropriate displays of affection
- Defacing property/vandalism
- Stealing
- Inflicting or threatening bodily harm to another person
- Leaving program premises without permission including the library

Disciplinary Procedure:

1. A form explaining the inappropriate behaviour of the child will be sent home, signed and returned to the BASP.
2. After 3 forms have been sent home and returned, the next inappropriate behaviour incident will result in a 3 day suspension.
3. If another behaviour problem is exhibited, a meeting with the parents/guardians and all supervisors will take place.
4. The next suspension will be from a week to a month. Depending on the severity and remorse of the youth.
5. If a case can not be resolved, it may result in the removal of the child from the program or facility. No refund will be given.

I understand the Disciplinary Action Plan described above and agree to abide by all the disciplinary guidelines set by the Township of Lake of Bays, Parks and Recreation Department.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



COMPRISING THE FORMER TOWNSHIPS OF FRANKLIN, McLEAN, RIDOUT, SINCLAIR AND FINLAYSON

# Township of Lake of Bays

PHONE: (705) 635-2272  
FAX: (705) 635-2132  
Web: [www.lakeofbays.on.ca](http://www.lakeofbays.on.ca)

RR#1, 1012 DWIGHT BEACH ROAD

## Liability Waiver for Participation

In consideration of the acceptance of this application for participating in the Baysville After School Program, I understand that the program has an inherent risk of injury because of the activity. As the Parent/Guardian of \_\_\_\_\_, I promise and agree that neither I nor any of my heirs, executors or administrators will make any claims, demands or commence any proceedings against the Township of Lake of Bays or its employees, representatives, or agents for any illness or injury to my child or me or for any damage to property resulting from participating in the program.

Furthermore, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages my child or I may have against the Township of Lake of Bays, and its representatives, successors and assigns for any, and all injuries suffered by myself or my child at any activities sponsored by these groups. I understand I am responsible for my (and my child's) own medical insurance.

This liability waiver covers all regular programs, field trips, travel on Township of Lake of Bays arranged transportation, view a G rated movie, community outings, elective programs, off site adventures, PD days, and any other opportunities for this program might have on or off site.

Parent or Legal Guardian must sign for any child, 18 and under, entering the program.

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Parent/Guardian Name (Print)

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Child's Name (Print)

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Parent/Guardian Name (Sign)

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Date