

**New Ross Family Resource Centre (NRFRC)**

**After-School Program Registration**

PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information for our records. PLEASE PRINT CLEARLY:

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YYYY MM DD

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BOX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN CONTACT:

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

1st PARENT TELEPHONE # (HOME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work-cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd PARENT TELEPHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work-cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contact:*** *Has permission to pick up your child and will be called if a parent/guardian cannot be reached in an emergency.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different than above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission:**

| Yes | No | I give permission for my child to be photographed. Photographs may be used in promotional material, on-line or on social media. Note: We limit posting photos on-line. |
| --- | --- | --- |
| Yes | No | I give my child permission to go off site on supervised walks at Lion’s Park Trail or other sites as discussed in programing information. |
| Yes | No | I give permission to be contacted by the Resource Centre about other programs and services that they think may be of interest to me. |
| Yes | No | I give permission to the Resource Centre to communicate and work with the New Ross Consolidated School in order to best support your child. |

In registering the child named in this form to attend the NRFRC After-School program, I, the undersigned parent/guardian hereby agree as follows:

1. To permit my child to participate in the full range of NRFRC After- School program activities.

2. I understand that some program activities may have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree not to hold the NRFRC or any of its employees responsible in the event of an injury to my child.

3. I understand and agree to the NRFRC Program Policies as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

**Authorization:**

**To enable us to better support and understand your child and his/her needs, please complete the following.**

| Yes | No | Does your child have allergies?  If Yes, please specify: |
| --- | --- | --- |
| Yes | No | Does your child carry an Epi Pen? |
| Yes | No | Does your child take medications? If Yes, please specify:  Are staff required to administer medications? |
| Yes | No | Does your child have any special needs that we should know about? |

**Interests & Experiences**

| What are his/her primary interests? |
| --- |
| What are his/her dislikes/fears? |
| What prior recreation/child care programs has your child participated in? |
| How many other students are/were attending the same program? (Number only/ approximate) |
| If you are registering for the After- school program, how many days a week are required? |

**Inclusion & Support**

| Item: | Challenges | Useful Strategies |
| --- | --- | --- |
| **Behaviour**  Physical and/or verbal aggression, etc |  |  |
| **Safety**  Flight risk, mobility issues etc. |  |  |
| **Social Skills**  Interactions and sharing with others etc. |  |  |
| **Communication Skills**  Language abilities/ verbal skills |  |  |
| **Environment**  Consider your child and the importance of routines and schedules, the need for rules, the need for a quiet space, required adaptations etc. |  |  |
| **Transitions**  Moving from one activity to another, changing from the school day to the after- school program etc. |  |  |
| **Extra Support:**  Does your child require extra support during school? Please explain the hours and supports required. |  | |
| **Does your child require assistance with any of the following:** | Toileting 🖵 Yes 🖵 No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Eating 🖵 Yes 🖵 No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dressing 🖵 Yes 🖵 No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |