

**AFTERSCHOOL & Home Work Club Program Registration Form Date\_\_\_\_\_**

**\$50 payable for the year per family if financially able.**

Child's Name\_\_\_\_\_ Grade\_\_\_\_\_ Birthdate\_\_\_\_\_

Parents/GuardianNames\_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Cell phone\_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_ Other phone?\_\_\_\_\_

Parent/Guardian Address\_\_\_\_\_ Postal Code\_\_\_\_\_

Email\_\_\_\_\_

Emergency Name\_\_\_\_\_ Phone \_\_\_\_\_ Relation to child\_\_\_\_\_

Medical conditions that we should know about?  
\_\_\_\_\_

If child has a life threatening allergy we need you to fill out an additional form. Please notify staff.

Are there other special considerations which you would like staff to be aware of? (How do they react to new situations; when angry; or frightened. Etc.) \_\_\_\_\_  
\_\_\_\_\_

I acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre activities and programs involves certain risks and dangers of accidents. I understand, have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while my child(ren) are participating in an Oak Park Neighbourhood Centre event or activity, whether at the Oak Park Neighbourhood Centre or at an Oak Park Neighbourhood Centre being held at another location. This form shall remain in full force and effect until it is withdrawn by giving written notice to Oak Park Neighbourhood Centre. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. I have the authority to give this release.

\_\_\_\_\_

(Witness)

\_\_\_\_\_

(Printed name and Date)

\_\_\_\_\_

(Signature of Parent/Legal Guardian)

\_\_\_\_\_

(Printed name and Date)

# School Age Programs- Arrival, Departure, Medical Emergency & Photo Release

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

Date \_\_\_\_\_

## 1. Arrival

I agree to call Oak Park Neighbourhood Centre before 3:30pm if my child is going to be absent or more than 30 minutes late that day. I understand that the After School & Tutoring Program are not taking responsibility for the safe arrival of my child at Oak Park Neighbourhood Centre.

(Circle one) OPNC **IS** / **IS NOT** required to call me at my daytime number if my child does not arrive by 4pm.

Parent's signature \_\_\_\_\_

## 2. Departure

(Circle one) **I DO/DO NOT** give permission for my child to walk home unaccompanied after the After School Program finishes. I understand that Oak Park Neighbourhood Centre will not be liable for anything that happens to my child once he/she leaves the program at dismissal time.

My child has permission to leave premises with:

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

A written consent letter is required for pickup by anyone not on this list.

Please list any individual(s) who is LEGALLY DENIED access to your child:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

## 3. Emergency Treatment

I authorize Oak Park Neighbourhood Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary.

I give permission for my child, \_\_\_\_\_, in the event of an emergency, to receive full medical attention deemed necessary by a physician at a hospital. If possible my child will be accompanied to the hospital or met there. Every effort will be made to reach me and/or my emergency contact person. I agree to accept my financial responsibility for an emergency medical care necessary.

Parent's signature: \_\_\_\_\_

## 4. Permission to Use Photograph

I grant to Oak Park Neighbourhood Centre, its representatives and employees the right to take photographs of my child in connection with OPNC programs. I authorize Oak Park Neighbourhood Centre, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Oak Park Neighbourhood Centre may use such photographs of me and/or my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Parent/Guardian Signature: \_\_\_\_\_