



Old Town Hall After School Enrolment Form

Please complete a separate form for each child attending.

Please take the time to complete the form carefully. This information is personal and confidential and will only be used by staff of the Community Activities Group of Ottawa East (CAG) to ensure that proper care and attention is given to the health and safety of your child.

School Year: 2018 - 19

Program: Old Town Hall

Location: Old Town Hall, 61 Main Street

Dates: Program runs every day your child has school starting September 4

Cost: \$210 per month, payable by postdated cheque (dated 1st of each month)

(CAG reserves the right to increase fees during the school year for cost increases outside of their control)

Payment (first payment due September 4)

Deposit received:	CAG signature:	Monthly post dated cheques received:	CAG signature:
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Participant Information

Full Name of Participant:	
Home Telephone:	Email address (for tax receipts):
	Email address for alternate parent:
Gender:	
School/Grade for this school year:	
Home Address:	
Birth date:	
Second Home Address (where applicable):	
Second Home Telephone (where applicable):	
Custody arrangements: Unless informed otherwise CAG assumes authorization from one parent is sufficient for matters relating to after school (such as who can pick up, can they walk home alone, etc). Please provide information here:	
Arrival at program (please circle):	
Lady Evelyn Pick Up Francojeunesse Bus Elgin Bus Independently (ie walking from school unaccompanied) (please indicate expected arrival time: _____)	

Parent / Guardian / Emergency Contact Information

Parent /Guardian Name	Parent /Guardian Name:	Emerg. Contact Name:	Emerg. Contact Name:
Relationship to Participant:	Relationship to Participant:	Relationship to Participant:	Relationship to Participant:
Home Telephone Number:	Home Telephone Number:	Home Telephone Number:	Home Telephone Number:
Work Telephone Number:	Work Telephone Number:	Work Telephone Number:	Work Telephone Number:
Cell Number:	Cell Number:	Cell Number:	Cell Number:

Please circle the parent contact telephone number that should be called first if there is an emergency during afterschool hours.

Health / Special Needs Information

Is the participant taking any medication (please circle): YES NO If yes, <u>please complete the Medication Administration Request Form</u>
Does the participant have any life-threatening allergies? (please circle): YES NO If yes, please specify below and complete the <u>Medication Administration Request Form (we cannot accept your child into the program without this)</u>
Will your child need to take any medications during the program? (please circle): YES NO If yes, please complete a <u>Medication Administration Request Form</u>
Does the participant have any medical, environmental or behavioural conditions, which may impact their participation in the program? (please circle): YES NO If yes, please specify: If yes, additional information is requested. Information provided will be held in confidence and will greatly assist us in giving your child the best possible program experience and the most appropriate support to help them meet behavioural expectations.

Pick up information (Please list who is allowed to pick up the participant. Picture I.D. may be requested)

1.
2.
3.
4.
5.
6.
7.
If they may walk home alone, parent/legal guardian please sign and indicate earliest time they may leave: Time: _____ Or on receipt of an email from parent/guardian: YES/NO

Consent & Waiver

<p>CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IMDEMNITY AGREEMENT <i>Please Read Carefully.</i></p> <p>My child, a minor pursuant to the Age of Majority and Accountability Act, has my permission to participate in the above-described program/activity. As the parent/legal guardian, my child and I fully understand and have full knowledge of the nature and extent of the risks involved with my child participating in the above-described program/activity. I, and my child agree to indemnify and hold harmless the above-described Community Group and the City of Ottawa liable from all claims, demands, causes of action, loss, costs or damages that the above-described Community Group may suffer, incur or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or while my child is participating in the above-described program/activity. I, and my child hereby release, waive, and discharge the above-described Community Group and the City of Ottawa from all liability to our heirs, executors, administrators, and assigns for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.</p> <p>Furthermore, I confirm that I read and agree with the information provided on this form and have read the Conditions of Enrolment and I agree to abide by the terms and conditions outlined therein.</p> <p>Parent/Legal Guardian (1) -print your name: _____ Parent / Legal Guardian (1) -sign your name : _____</p> <p>Parent/Legal Guardian (2) -print your name: _____ Parent / Legal Guardian (2) -sign your name : _____</p> <p>Form must be signed by all parents/legal guardians</p> <p>Date: _____</p>	
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Photo Waiver

I hereby authorize and grant permission to the Community Activities Group of Ottawa East (CAG) to take the participant's photograph or video film and use it for promotional, educational purposes, or for any other administrative functions that are related to CAG programming.

YES

NO

Parent/Legal Guardian-print your name:

Parent / Legal Guardian-sign your name :

Date:

Conditions of Enrolment

1. An Enrolment Form must be completed for each participant. If a participant suffers from severe allergies, parents or legal guardian must complete the Medication Administration Request Form, provide two auto-injectors of epinephrine (Epipen) and two current photos of the participant.
2. Parents or legal guardians must notify Program Staff of any changes to the information given on the Enrolment Form including medical, physical and emotional health issues and/or custody arrangements.
3. Parents or legal guardians must notify Program Staff if the participant will be absent from the program or not arrive in the usual manner (please call 613 230 0076 or email info@ottawaeastCAG.ca) prior to 3:30 p.m.
4. Those authorized on the Enrolment Form to pick up the participant will be requested to follow the programs sign-out procedures. Staff will not release a participant to any person who is not authorized by the parent or legal guardian to do so. Participants walking to and from the program site will have their arrival and departure information recorded by a staff person.
5. Participants must be picked up by the agreed upon time and by those persons authorized to do so unless the participant has written consent on the Enrolment Form to walk home. Late pick up results in additional staff costs and is unfair to Program Staff. CAG charges for late pick up at a rate of \$15 per 15 minutes or part thereof.
6. Withdrawal from the program at any time (before the start of the program or after the start) will result in loss of deposit.
Withdrawal from the program after the start of the program also requires one calendar month's notice. If less than one calendar month's notice is provided, parents/guardians will be required to pay one month's fees in lieu of notice.
Partial refunds will not be issued for temporary absence from the program for any reason.
7. Parents or legal guardians are responsible for the participant upon arrival when picking up the participant.
8. Parents are required to supply a daily snack. CAG attempts to offer an allergen-safe environment, please do not send snacks that may contain peanuts or nuts, traces of peanuts or nuts or peanut or nut by-products. From time to time, parents may be advised that, due to allergies of participant/participants, certain other foods may not be brought to the program. In these circumstances, parents will be expected to follow such requests. Emergency snacks will be available for occasional use by participants. Occasional food items to be shared (for example birthday treats) must be cleared with Program Staff in advance.
9. Participants are responsible for their own belongings. CAG shall not be responsible for loss or damage to property belonging to participants.

10. Participants are not to bring any electronic devices unless approved to do so by staff. All electronic equipment with photographic capabilities (including cellular telephones) are strictly prohibited.
11. Parents/guardians agree to pay for any and all damages intentionally caused by the participant to facility property and/or the property of others.
12. Illegal drugs, alcohol, or weapons are forbidden in CAG programs.
13. Behaviour expectations exist for all CAG programs. Participants are expected to respect other program participants, program staff, City of Ottawa and CAG property and the property of other participants. Participants are expected to cooperate with and follow direction from CAG staff.
14. All participants must comply with Federal, Provincial and Municipal laws and all rules, regulations, policies, procedures and by-laws of the City of Ottawa.
15. CAG reserves the right to immediately suspend or terminate the enrolment of any program participant who does not abide with items 12, 13 or 14 or who engages in inappropriate or disruptive behaviour. CAG's Behaviour Management Policy and Policy with Regard Suspensions and Terminations in the After School Program are available on the CAG website at www.OttawaEastCAG.ca on the After School page and must be read by all parents/guardians of program participants.
16. Non-compliance with other Conditions of Enrolment will result in a written warning. If the Conditions of Enrolment continue to be breached, CAG reserves the right to immediately terminate enrolment of the participant.