

**Simcoe Hall Settlement House**  
387 Simcoe St. South, Oshawa, ON L1H 4J2, 905-728-7525

## After School Children's Program

### Registration Package

Dear Parent(s)/Guardian(s):

It is the policy of Simcoe Hall Settlement House that in order for your child(ren) to attend the Children's After School Program, we must have a new registration form completed and returned to staff each school year.

The registration form provides us with important information such as name of your family doctor, emergency contacts, and important medical information, which would enable us to provide your child with the best care in the event of an emergency.

Please ensure that we receive a completed registration form and immediately update us on any changes.

Thank you for your attention in this matter!

Best regards,

Children's Program Staff



Welcome to the Simcoe Hall Settlement House  
Children's After School Program

A neighborhood safe place for children to play, learn  
and grow.

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**Dear Parent(s)/Guardian(s):** We are very pleased to welcome your child(ren) to another exciting year with the Children's After School Program here at Simcoe Hall Settlement House!

### **Important:**

- ❖ Please ensure to carefully read your child's monthly program schedule so you are aware of any special dates or changes within the program.
- ❖ In the event of bad weather, the Children's After School Program may be closed. To ensure that your children are not arriving and expecting Simcoe Hall to be open, please call Simcoe Hall and/or check our Facebook page, to confirm closure.
- ❖ We encourage your child(ren) to travel to and from the Children's After School program with friends or siblings. We also offer the walking bus for child(ren) attending Village Union. If interested, please contact staff to set your child up with walking bus.
- ❖ Members 10 years of age and over will be permitted to walk home alone ONLY if signed permission has been completed and on file.
- ❖ Signed permission forms must be on file if anyone other than the child(rens) parent are to pick them up. Please let us know if there is anyone who is NOT to pick up your child/ren for any reason to ensure the safety of your child/ren!
- ❖ Pick up time is at 6:45pm (5:45pm on Wednesdays) unless otherwise specified. Pick up after 7:00pm will result in a \$10.00 late fee.
- ❖ Please keep your child(ren) home if they are ill. This helps control and prevent the spread of illness amongst staff, other children and volunteers. If your child is too sick to attend school please do not send them to the Children's After School Program.
- ❖ We will be doing head lice checks every couple of months, if your child is found to have head lice they will be asked to stay home from the program until it is treated
- ❖ Membership is \$50.00 per school year, payment options and family discounts are available. If paying monthly, payment must be received by the 1<sup>st</sup> of each month for your children to attend for that month.
- ❖ Special Programs run throughout the year:
  - July-August - Sun Fun Day Camp
  - January-February - Skiing & Snowboarding Program
  - All years we provide enrichment programs (sewing lessons, reading, BIY basketball & more)
- ❖ 360 Basketball Program (is an independent program)
- ❖ Scheduled monthly trips. Please be aware of deadlines, applicable costs and required items for these trips.

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### Registration Form

Please Print:

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Card #: \_\_\_\_\_ *(MUST HAVE AT REGISTRATION)*

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

Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Emergency Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please provide any additional information that will help us provide your child with the best care possible (known allergies, Learning disabilities, ADD/ADHD, ETC.)

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\*\*\* If your child needs an EPI Pen or puffer please make sure they have it with them.

Child(ren)'s Shoe Size: \_\_\_\_\_

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### Registration Form

If there is anyone who is NOT to pick up or have contact with your child please provide us with their names to ensure the safety of your child:

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### Permission to Walk Home Alone

Please sign below if your child is 10 years of age or older and you are giving them permission to walk home alone from Simcoe Hall.

I \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD \_\_\_\_\_  
TO WALK HOME FROM SIMCOE HALL SETTLEMENT HOUSE AFTER SCHOOL  
PROGRAM.

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

Any conditions to your child walking home alone (only walk with sibling, only walk at the end of the night etc.) please write them here:

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### Registration Form

**REGISTRATION FORMS MUST BE FULLY COMPLETED AND RETURNED AND FEES PAID BEFORE YOU CHILD CAN PARTICIPATE IN THE CHILDREN'S AFTER SCHOOL PROGRAM**

- ❖ Please be advised that Simcoe Hall Settlement House staff and/or volunteers are not permitted to store, handle or administer prescribed or over the counter medication. Special arrangements must be made for a parent/guardian or other assigned adult to administer any medication(s).
  
- ❖ If your child needs an EPI Pen or puffer please make sure they have it with them.
  
- ❖ PLEASE DO NOT SEND MEDICATION OF ANY KIND TO SIMCOE HALL WITH YOUR CHILD.

Please Print

Name of Parent/Guardian: \_\_\_\_\_

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

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## After School Children's Program

To ensure that your child has the best possible experience at Simcoe Hall please review the following rules with your child:

- No Bullying, inappropriate gestures or words that can hurt others will not be tolerated.
- No name calling, fighting, swearing, and rude behavior.
- Please dress appropriately as we follow the same rules as the schools.
- Children must remain in the building. They are not permitted to leave without consent of a staff member, a parent or a guardian.
- Always listen to and respect staff members/volunteers.
- No Boyfriend/Girlfriend talk.
- Do not bring valuables with you. Simcoe Hall is not responsible for lost items.
- No stealing. Please be respectful of other people's property.
- Do not damage the property Simcoe Hall or other members.
- Gym equipment is to be put away in its proper place after each use.
- Appropriate footwear required to enter the gym. (i.e. running shoes)
- Always be on your best behavior! When we are on trips, you are representing Simcoe Hall. Good behavior means we will be invited back.

Abuse of any of these rules will result in a phone call to a parent/guardian, the loss of an outing, privileges, issuing of a behavioral contract or suspension from the program. If a suspension occurs the child must leave the program immediately.

Please sign in agreement with these rules:

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

Child(ren) Signature: \_\_\_\_\_

Best Regards,

Children's Program Staff

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**CONSENT AND HOLD HARM AGREEMENT**

“I \_\_\_\_\_ give consent for my child(ren) to participate in the Children’s After School Program Activities at Simcoe Hall Settlement House.”

“I further agree to indemnify and hold harmless Simcoe Hall Settlement House, its agents, employees or volunteers of all liabilities for loss or damage arising from any cause whatsoever and hereby release, waive and discharge Simcoe Hall Settlement House from all liability to my heirs, executors, administrators and assigns for all loss or damage any claim’s or demands for such loss or damage on account of injuries to person or property while participating in and or being transported to and from program activities.”

**CONSENT TO MEDICAL TREATMENT**

“I hereby give permission to Simcoe Hall Settlement House to provide or arrange for such first aid or other medical treatment or care of child included in this registration, including but not limited to transportation to hospital, as such staff may consider necessary or advisable. I understand that all costs related to such actions shall be my responsibility and I agree to pay and/or reimburse Simcoe Hall Settlement House for any such cost as may be incurred.”

“I accept full responsibility for ensuring that participants named in this registration application are physically and medically fit to participate in the program activities for which they are registered throughout the duration for such programs.”

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

**PERMISSION TO BE PHOTOGRAPHED AND/OR VIDEOTAPED**

“I give consent for my child to be photographed or videotaped for the purpose of our archival records (Photos taken to record special events or activities such as a children’s outing, play production, sports or dance performance), community relations or program display boards for an agency open house. Children will NOT be identified by name in ANY photo or video.”

“I understand that special parent/guardian permission or consent is required for photos that may be taken or used in public media i.e. local newspaper or television. Parents would be contacted beforehand to sign an additional consent form.”

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