



After School Program Registration Grades 1-8

Participant Information	Caregiver Information
First Name:	Name:
Date of Birth:	Relationship to Child:
Grade:	Phone Number:
Address:	Email:
School:	Name:
Family Doctor:	Relationship to Child:
Health Card:	Phone Number:
Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship to Child:	Relationship to Child:
Phone Number:	Phone Number:

My child will be participating in Simcoe Hall’s Walking Bus Program from Village Union P.S.
 I hereby give consent for Simcoe Hall Staff to speak directly with Village Union P.S regarding my child’s participation in the Walking Bus Program.

YES NO

Authorization for Participation Pick-up

I give authorization for the following people in addition to the Parents/Guardians and Emergency Contacts listed on the registration form, to pick my child from the After School Program.

Name:	Name:
Relationship to Child:	Relationship to Child:
Phone Number:	Phone Number:

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

YES NO (If yes, we will contact you for additional information.)

For children with puffers please include the following information:

Known asthma triggers:	
Signs and symptoms that the puffer may be needed:	
Procedure for emergencies related to asthma/asthma attacks:	

We also ask that you provide any additional information that will help us provide your child with the best care possible i.e. food intolerances, learning disabilities, physical limitations, known triggers, identified diagnoses (ADHD, FASD, ODD, ASD etc.)

Would you like your child to receive enhanced support?

YES **NO** If yes, what areas would you like focused on? We will contact you for more details.

Permission to Walk Home

Please sign below if your child is **12 years of age or older** and you are giving them permission to walk home alone from Simcoe Hall.

If your child has permission to walk home from our program they must call home and inform their guardian that they are leaving the program. If a parent/guardian does not answer the phone call on three or more occasions, then your child will no longer be allowed to walk home and a parent will have to come pick them up. This is for the children's safety.

Parent/Guardian Signature: _____

Date: _____

Food Consent

I give permission for Simcoe Hall staff to give my child food or drink as part of the After School program.

Consent to Release Digital Images and/or Recordings

I, _____, give consent to Simcoe Hall Settlement House ("Simcoe Hall") to use digital images and/or recordings of my child, obtained as follows:

I give permission for Simcoe Hall Settlement House to use the digital images and/or recordings as stated above now, or in the future for the purposes of: sharing via social media outlets (including Facebook, Instagram, Twitter, LinkedIn), media advertising, public displays, public presentations, events, brochures or other publications, newsletters, and Simcoe Hall's websites.

Parent/Guardian Signature: _____

Date: _____

Community Walks

On occasion, the children and staff may take a walk to a neighborhood park. These walking trips are not always planned; by signing this permission slip you are granting Simcoe Hall permission to take your child on a walk.

Please check one:

- I give my child permission to participate in community walks
- I do **NOT** give my child permission to participate in community walks

Consent to Hold Harmless Agreement

"I hereby give consent for my child to participate in the Children's After School Program at Simcoe Hall"

"I further agree to indemnify and hold harmless Simcoe Hall, 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."

Parent/Guardian Signature: _____

Date: _____

Consent to Medical Treatment

"I hereby give permission to Simcoe Hall 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 of such programs."

Parent/Guardian Signature: _____

Date: _____

Program Fees

After School Program Membership:

\$160.00 per school year. For your convenience we offer two payment plan options:

- **Option 1:** \$160.00 (payment in FULL upon registration)
- **Option 2:** two payments of \$80.00 payments due September upon registration 2022 & January 2023)

*Payment must be made in order for your child to attend programming.

Walking Bus – Village Union Public School only:

\$50.00 for the year (must pay in full upon registration)

Payment can be made via cash, e-transfer or credit card. Please note there is a 3.40% service fee for all credit card transactions. If paying by e-transfer please include a memo stating the fees are for the After School Program as well as your child's name.

E-transfer: etransfersh@gmail.com

Password: afterschool

Due to the reduced costs of our program, we do not offer subsidy, prorated fees or refunds,

Payment option: # _____

Walking Bus: **\$** _____

I acknowledge that by choosing a payment plan I am responsible for making the payments by the due dates as stipulated in my payment option. If the payment obligation is not met by the agreed upon dates, I understand that my child cannot attend the After School Program, until payment is made. Late fees will be applied.

Participants Name: _____

Parent/Guardian Signature: _____

Date: _____

Demographic Information

Simcoe Hall is committed to diversity, equity, and inclusion of all members; we view data as an essential tool to practice this commitment. The data collected in this form will serve multiple purposes which will help us better aid the needs of our community. The data collected below is both confidential and voluntary.

1. Which of the following best describes your child's ethnic background? Please check all that apply.

- Arab
- Black/African/Caribbean
- Indigenous (Inuit/First Nations/Métis)
- South Asian
- East Asian
- Middle Eastern
- White/European
- Other (please specify) _____

2. How many people reside in your household?

Adults: _____ Children (under 18): _____

3. What is your age?

- 20 and under
- 21 - 30 years old
- 30 - 45 years old
- 45+

4. What is your highest level of education?

- No certificate, diploma, or degree
- High school graduate or equivalent
- Certificate of apprenticeship or trades diploma
- College or other non-university certificate or diploma
- University certificate or diploma below bachelor level
- University certificate, diploma or degree at a bachelor level or above

5a. What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 or more

5b.

- Dual Income Single Income

