Simcoe Hall
Community Programs & Food Bank

After-School Program Registration 2026-2027
Grades 1-8

Participant Information	Caregivers Information
Name:	Name:
Date of Birth:	Relationship to Child:
Grade:	Phone Number:
School:	Email:
Address:	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.

*I have read and understood the Walking Bus rules detailed on **page 9** of the **After-School Program Handbook**.*
☐ **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 that would prevent us from communicating with either parent/guardian? ☐ **YES**/☐ **NO** (If yes, we will contact you for additional information.)

Medical Form/Plan

Please be advised that Simcoe Hall 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).

Please do not send medication of any kind to Simcoe Hall with your child. **The only exception to this rule applies to life-saving emergency and routine medication.** If your child needs an EpiPen or Puffer, please make sure they have it with them at all times and are aware of how to use it.

For children with <u>allergies,</u> please include the following information:

Type of allergy:	
Symptoms and signs of an allergic reaction:	
Procedure to follow in the event of a non-life-threatening allergic reaction:	
*If your child has an EpiPen: 1. Please also include signs and symptoms of a **life-threatening anaphylactic reaction**. 2. The procedure to follow in the event of a life-threatening anaphylactic reaction.	1. 2.

For children with <u>puffers,</u> 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 kindly request that you provide any supplementary information that will assist us in delivering the utmost care to your child. This may include details such as learning disabilities, physical constraints, recognized triggers, and any diagnosed conditions (such as ADHD, FASD, ODD, ASD, etc.)

Would you like your child to receive enhanced support?

☐ **YES** ☐ **NO**

If yes, what areas would you like to focus on? We will contact you for more details if needed.

Program Fees

The fee for our After-School Program is **$400.00 per school year**. To make this manageable for families, we offer two payment options:

Payment Options

1. **Full Payment**
    - $400.00 due at registration
2. **Two Installments**
    - $200.00 due at registration
    - $200.00 due two months after registration

Walking Bus – Village Union Public School Only:
$60.00 for the year. *Payment in full is required at the time of registration.*

Payment Methods:

1. **Cash**
2. **E-transfer:** Please send to **etransfersh@gmail.com** and use the password **afterschool**. Include a memo stating that the payment is for the After-School Program and your child's name.
3. **Credit Card:** Please note a 3.40% service fee will apply.

Please Note: *A minimum of **two business days** is required to process your registration. Your child may begin attending the program once registration has been processed and confirmed.*

Payment Option: _____
Total Payment Amount: _____
Method of Payment: _____

Permission to Walk Home

Participants **12 years of age or older** may walk home independently with written permission from a parent/guardian. For safety, participants must call their parent/guardian before leaving the program each day to confirm they are on their way home. If a parent/guardian does not answer on three or more occasions, independent walking privileges will be revoked, and a parent/guardian or designated caregiver will be required to pick them up.

Please sign below to confirm your permission for your child to walk home independently from Simcoe Hall.

Parent/Guardian Signature: _____ **Date:** _____

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 but not limited to; Facebook, Instagram, Twitter, and LinkedIn), media advertising, public displays, public presentations, events, brochures or other third party publications, newsletters, and Simcoe Hall's websites and newsletters.

Parent/Guardian Signature: _____ **Date: _____**

Community Walks

At times, both children and staff may spontaneously embark on walks to the local neighbourhood park. These outings might not always be prearranged. By signing this permission slip, you authorize Simcoe Hall to lead your child on a walk without prior notice.

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: _____**

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 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 the 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: _____**

After-School Program Handbook

By signing below, I confirm that I have read and understood the guidelines outlined in the ***After-School Program Information Handbook*** for the 2026-2027 school year.

Parent/Guardian Signature: _____ **Date: _____**

Demographic Information

Simcoe Hall is committed to diversity, equity, and inclusion for all members of our community. The information collected below will help us better understand and respond to the needs of the community we serve. All information is **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

5. **Government Assistance/Income Supports** *(Check all that apply)*
   ☐ Ontario Works (OW) ☐ ODSP ☐ Other ☐ None ☐ Prefer not to answer

6. **What is your total household income?**

☐ $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