



# Before and After School Program Teeswater 2024/2025 Application Form

Child' First and Last Name: \_\_\_\_\_

Birth Date (year/month/day): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Grade : \_\_\_\_\_

Before Care- \$11.50 per day  
After Care- \$12.00 per day  
Before and After Care- \$23.00 per day

Name of School Attending: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Please indicate the times needing care: \_\_\_\_\_ First Day of Enrollment: \_\_\_\_\_

Hours of Operation	MON	TUES	WED	THURS	FRI
6:30AM to start of school day					
After school day to 6:00PM					

### Child and Family Information

Child's Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ PO Box: \_\_\_\_\_

Custody:  Primary  Both  Joint  Guardian

**Custody Papers are attached (if applicable)**  Yes  No

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number : \_\_\_\_\_

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

Home Address:  Same as Child \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number : \_\_\_\_\_

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

Home Address:  Same as Child \_\_\_\_\_

### Emergency Contact Information (if primary or secondary contact cannot be reached)

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Authorized Pick Up (in addition to the primary, secondary, and emergency contacts)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Individual Child Information

Does your child have any medical and behavioural need(s) that requires additional support (e.g. Diabetes)?

Yes  No

If yes, an individualized plan for children who need additional support must be developed between the parent and child care centre prior to the child's first day at care.

### Allergy Information

Does your child have a life-threatening allergy (e.g. anaphylactic to peanuts or bee stings)?  Yes  No

If yes, an individualized plan for an anaphylactic allergy must be developed between the parent and child care centre prior to the child's first day at care.

Does your child have any allergies that are non life-threatening (food or other substances)?  Yes  No

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

### Dietary and Feeding Arrangements

Does your child have any special feeding arrangements?  Yes  No

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, halal, etc)?  Yes  No

If yes, please provide relevant details:

### Physical Requirements

Does your child use the washroom independently?  Yes  No

If no, please provide relevant details (requires some assistance, full support etc.):

Does your child require any additional support with respect to physical activity?  Yes  No

If yes, please provide relevant details:

### Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g. prone to cold, frequent shoulder dislocation, etc.):

### Excursions Off Before and After School Program's Property

I give permission for my child to go for walks within the community and off host school's property.

Parent Initial: \_\_\_\_\_

#### Photo Release

I hereby grant permission to the Corporation of the Municipality of South Bruce, and its agencies, to publish, print, reproduce or exhibit my name and image [if applicable: and that of my underage child(ren)], in whole or in part, in print, electronic, or video format in publications and/or online content prepared by the Corporation of the Municipality of South Bruce and/or its agencies.

I waive the right to inspect or approve any photograph or video. I agree that I shall have no claim against the Corporation of the Municipality of South Bruce or against anyone accessing these materials whether online or in print. I understand that no remuneration will be paid to me [if applicable: or my child(ren)].

I understand and agree that these materials will become the property of the Corporation of the Municipality of South Bruce to edit, alter and publish in any medium in perpetuity.

I confirm that I am over 19 years of age. I confirm that I have read the release before signing and understand the contents and terms of the release.

Parent Initial: \_\_\_\_\_

#### Authorization for Non-Prescription Skin Products

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen       Insect repellent       Lip balm       Hand sanitizers       Lotions

It is the parent or contact person's responsibility to take the child to the hospital. If the situation does arise in which the Before and After School Program staff feels the child requires immediate attention and the program cannot reach the parent or contact person, the staff have the parent's permission to take him/her to the Hospital.

#### Parent Handbook

I have read the Parent Handbook and agree to comply with the rules and regulations specified.

Parent Initial \_\_\_\_\_

Signature of Primary Contact: \_\_\_\_\_ Signature of Secondary Contact: \_\_\_\_\_

Office Use Only		
Date Received:	Staff Initials:	Date Confirmation Sent:
Admission Date:	~	Unenrollment Date:

#### Collection of Personal Information

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623.