



AFTER SCHOOL PROGRAM REGISTRATION FORM

Carmacks Recreation Complex

PROGRAM INFORMATION	
Program/Activity Name:	After School Program
Date(s) of Program:	September 3 rd – June 6 th (Excluding Statutory Holidays, Winter Break, and Spring Break)
Location of Program:	VOC – Recreation Complex

PARTICIPANT INFORMATION			
Last Name:	Middle Initial:	First Name:	
Last Name:	Middle Initial:	First Name:	
Home Phone:	Gender:	Language:	
Cell Phone:	Gender:	Date of Birth:	
		_____ (Month) (Day) (Year)	
Address:		Date of Birth:	
		_____ (Month) (Day) (Year)	
City:	Territory:	Postal Code:	Age:
May we have permission to take the participant's photograph or video , which may be used on the Village's public website, in print, electronic media and/or community newspapers for the promotion of Village program and services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT/GUARDIAN/AGENCY/EMERGENCY INFORMATION		
First & Last Name of Parent/Guardian:	First & Last Name of Parent/Guardian:	First & Last Name of Emergency Contact:
Relationship to Participant:	Relationship to Participant:	Relationship to Participant:
Cell Phone:	Cell Phone:	Cell Phone:
Home Phone:	Home Phone:	Home Phone:
Email Address:	Email Address:	Email Address:

AUTHORIZED PROGRAM ARRIVAL & DEPARTURE	
Arrival – The participant will: <input type="checkbox"/> Be dropped off <input type="checkbox"/> Picked up by REC STAFF	Departure – The participant will: <input type="checkbox"/> Be picked up <input type="checkbox"/> Leave on their own At what time: _____ <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ (time authorized to leave)

Note: Supervision will not be provided outside of designated registered program times. Participants are to arrive and depart solely during the times of the registered program as outlined in the registration confirmation.



AUTHORIZED PARTICIPANT PICK-UP

List the full name of people(s) who are permitted to pick up the participant. The person picking up the participant may be asked to show a picture I.D. daily. Persons not listed below will not be permitted to pick up the participant:

1. _____
2. _____
3. _____

The parent(s), guardian(s) and emergency contact(s) as named above are permitted to pick up the participant.

If there are any access or custody restrictions, please provide legal documentation to the Full Time Staff.

The After School Program will exclude the following dates:

- Winter Break: Monday, December 23, 2024 - Friday, January 3, 2025
- Spring Break: Monday, March 10, 2025 - Friday, March 21, 2025
- Labour Day: Monday, September 2, 2024
- National Day for Truth and Reconciliation: Monday, September 30, 2024
- Thanksgiving Day: Monday, October 14, 2024
- Remembrance Day: Monday, November 11, 2024
- Heritage Day: Friday, February 21, 2025
- Good Friday: Friday, April 18, 2025
- Easter Monday: Monday, April 21, 2025
- Victoria Day: Monday, May 19, 2025
- National Indigenous Peoples Day: Monday, June 23, 2025

HEALTH/SPECIAL NEEDS INFORMATION

1. Is the participant taking any medication (oral, inhaler, injections, auto-injectors, prescription, non-prescription)? Yes No If yes, please specify: _____ *If yes, complete the Medication Administration Request Form.*
2. Does the participant have any life-threatening allergies? Yes No If yes, please specify: _____ *Administration Request Form.*
3. Does the participant have any disease or condition for which they are receiving on-going medical treatment? Yes No If yes, please specify: _____
4. Does the participant receive support at school or have accommodation? Yes No If yes, please specify: _____
5. Does the participant have a medical condition or disability (physical, mental health or developmental) that may affect their participation or integration into the program: Yes No

Healthy snacks and refreshments will be served during all the Recreation Complex Programs

CONTSENT AGREEMENT

I, _____, give permission for _____
(Print Name) (NAME(S) OF CHILD(REN))

to participate in all activities and local outings scheduled by the After School Program at the Recreation Complex. I understand that healthy snacks and refreshments will be served during all the Recreation Complex Programs, and I acknowledge any dietary restrictions or allergies of my child(ren) are listed on this form. I freely accept and fully assume all risks, including the potential for personal injury, loss, or damage associated with participation in the program's activities. I agree not to hold the Village of Carmacks, its employees, volunteers, or organizers responsible for any injuries, accidents, or incidents that may occur. In the event of a medical emergency, I authorize the program staff to seek necessary medical treatment for my child(ren). I understand that every effort will be made to contact me or the designated emergency contact as soon as possible.

Parent/Guardian Signature: _____ Date: _____

Please complete only if you answered “Yes” to Question 5 in the “Health/Special Needs Information” section.

1. Does the participant require assistance with any of the following? Please be specific as to what accommodation is required.

a. Toileting:

b. Eating:

c. Dressing:

d. Vision/Hearing:

e. Mobility:

Yes No If yes, do they: Use a mobility device independently Requires assistance

f. Ability to communicate:

Yes No
If yes: Verbal Non-Verbal Required Supports (such as ASL, PEC's, Visual Schedule)

g. Participation:

Transitions
 Changes to Routine
 Motivation
 Other: Remaining with the Group
 Following Instruction
 Sensory Overload

h. Behavior/Conduct:

Aggression toward self Physical Aggression
 Aggression toward others Ability to Control Emotions
 Verbal Aggression Coping Skills (such as isolating themselves or running away)
 Other:

2. The participant's likes:

3. The participant's dislikes/fears/or is triggered by:

4. Can you provide any additional information that would increase the success of participation

Conditions of Enrolment

1. **Enrollment Requirements:** A completed enrollment form is required for each participant. If a participant has severe allergies, parents/guardians must submit a Medication Administration Request Form, provide two epinephrine auto-injectors (e.g., EpiPen®), and a current photo.
2. **Update of Information:** Parents/guardians must inform program staff of any changes to the participant's medical, physical, or emotional health, or custody arrangements.
3. **Attendance:** Parents/guardians must notify staff if a participant will be late or absent.
4. **Pick-Up Authorization:** Only individuals listed on the enrollment form are allowed to pick up participants. A sign-out procedure must be followed.
5. **Timely Pick-Up/Drop-Off:** Participants must be picked up and dropped off at the agreed-upon times. Parents/guardians are responsible for their child outside of program hours.
6. **Allergen-Safe Environment:** Avoid sending food containing nuts or traces of nuts.
7. **Personal Belongings:** Participants are responsible for their own belongings; the Village of Carmacks is not liable for lost or damaged items.
8. **Behavior and Conduct:** Participants are expected to show respect to others and the facility. Any form of inappropriate behavior may result in suspension or removal from the program.
9. **Liability for Damages:** Parents/guardians are responsible for any damages caused by the participant to the property.
10. **Compliance:** All participants must adhere to program rules, as well as Federal, Territorial, and Municipal laws.

Note: Failure to comply with these conditions may result in warnings or removal from the program. Serious violations, such as violent or abusive behavior, may lead to immediate discharge.