



Before and After School Program Teeswater Application Form

Child' First and Last Name: _____
 Birth Date (year/month/day): ____/____/____ Gender: _____
 Grade : _____ Name of School Attending: _____

Please indicate the times needing care: _____ Requested Start Date: _____

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 the Before and After School Supervisor 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

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

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

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.