

After School Program
Kingsville (23 Mill St W,)
Harrow (210 King St)
ASP@accesscounty.ca

# **AFTER SCHOOL PROGRAM REGISTRATION**

NT / GUARDIAN INF	FORMATION		
PARENT -	FIRST NAME	LAST NAME	
uardian 1	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	
-	EMAIL	SIGNATURE	
PARENT -	FIRST NAME	LAST NAME	
/ GUARDIAN 2	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	
GENCY CONTACT IN	EMAIL	SIGNATURE	
-	FIRST NAME	LAST NAME	
MERGENCY CONTACT  1	PRIMARY PHONE NUMBER	SECONDAR PHONE NUMBER	
-	RELATIONSHIP		
- MERGENCY	FIRST NAME	LAST NAME	
CONTACT _	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	
-	RELATIO	DNICHID	



FIRST NAME	LAST NAME	DOB (YYYY-MM-DD)	
	Address (Street Number, Street, C	іту)	
School	GRADE	PROGRAM LOCATION	
	MEDICAL INFORMATION FOR PARTICIPA	ANT / CHILD 1	
FAMILY DOCTOR	TELEPHONE	HEALTH CARD NUMBER	
ALLE	RGIES	MEDICATIONS TAKEN	
	Notable Health Conditio	DNS	
ROGRAM INFORMATION			
Monday Tuesday  ARTICIPANT PERMISSION	WEDNESDAY THURSDAY FRII	DAY BY SPECIFIC EVENT OR PROGRAM	
I give permission for P ACCESS County Harro case of personal injury established rules and/	ARTICIPANT / CHILD 1, to participate in the v Site. I relieve ACCESS, its directors, staff, and/or property damage resulting from bor procedures of ACCESS County. I will also ge caused by the misconduct or negligence	and volunteers from all responsibility in behaviour of my child which is contrary to be responsible for any personal injury	
parent or guardian sig information with any document or informat	All information pertaining to <b>PARTICIPANT / CHILD 1</b> and the child's situation is to be kept confidential. A parent or guardian signed "Release of Information" form is needed in order to allow the exchange of information with any other outside agency (i.e. schools, other service agencies). The only exception of document or information access without parental permission would be access by the courts, in response to a court order or warrant.		
County Community Su own photo collection these photographs/vio posters, newspapers,	I hereby <b>give permission</b> for <b>PARTICIPANT / CHILD 1</b> to be photographed/videotaped during the Access County Community Support Services activities for the purpose of promotion and/or for ACCESS County's own photo collection which may be used to promote the organization at a future time. I understand that these photographs/videos will be the property of ACCESS County and may be used in flyers, brochures, posters, newspapers, video, social media (i.e, Facebook, Twitter, Agency Website), and other promotional items that at ACCESS County deems appropriate.		
	on for <b>PARTICIPANT / CHILD 1</b> to be photo motion of ACCESS programs.	graphed or videotaped by ACCESS County	



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RELATIONSHIP

### AUTHORIZATION FOR PICK-UP / WALK HOME I authorize the following people, in addition to the Parents/Guardians listed on this registration form, to pick up my child from ACCESS County's After School Program at our Harrow site. I grant permission for PARTICIPANT / CHILD 1 to be released to walk home / picked up (only if 10 years old or older) at the end of the After School Program. Permission is only granted for those under 10 years old if they are accompanied by a youth aged 12 years or older going to the same address. I agree to indemnify and save harmless ACCESS County, its directors, staff, and volunteers from all claims for injuries or losses of any kind whatsoever that may arise because of the behaviour/negligence of my child whatsoever while walking home after the program and that is contrary to established rules and/or procedures of ACCESS County and that may arise directly or indirectly from their conduct. **FIRST NAME LAST NAME TELEPHONE RELATIONSHIP** FIRST NAME **LAST NAME TELEPHONE** RELATIONSHIP **FIRST NAME LAST NAME TELEPHONE** RELATIONSHIP **FIRST NAME LAST NAME TELEPHONE** RELATIONSHIP

**TELEPHONE** 

**LAST NAME** 

**FIRST NAME** 



PART	ICIPANT / CHILD 2 – INFOR	MATION	Are you adding a 2nd ch
	FIRST NAME	LAST NAME	DOB (YYYY-MM-DD)
Add	dress (Street Number, Street,	City)	
	School	GRADE	PROGRAM LOCATION
		MEDICAL INFORMATION FOR PARTICIPAN	NT / CHILD 2
_	FAMILY DOCTOR	TELEPHONE	HEALTH CARD NUMBER
	Allergies		MEDICATIONS TAKEN
		NOTABLE HEALTH CONDITION	is
Prog	RAM INFORMATION		
		THAT YOU WOULD LIKE YOUR CHILD TO ATTE	
Part	ICIPANT PERMISSION		
	ACCESS County Harrow Site. I case of personal injury and/o established rules and/or prod	r property damage resulting from be	nd volunteers from all responsibility in haviour of my child which is contrary to be responsible for any personal injury
	All information pertaining to <b>PARTICIPANT / CHILD 2</b> and the child's situation is to be kept confidential. A parent or guardian signed "Release of Information" form is needed in order to allow the exchange of information with any other outside agency (i.e. schools, other service agencies). The only exception of document or information access without parental permission would be access by the courts, in response to a court order or warrant.		
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	I do not give permission for F for the purpose of promotion		raphed or videotaped by ACCESS County



**FIRST NAME** 

**FIRST NAME** 

#### **ACCESS County Community Support Services**

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**TELEPHONE** 

**TELEPHONE** 

**LAST NAME** 

**LAST NAME** 



PART	ICIPANT / CHILD 3 – INFORM	Are you adding a 3rd child		
	FIRST NAME	LAST NAME	<u> </u>	DOB (YYYY-MM-DD)
		Address (Street Number, Street,	Сіту)	
	School	GRADE	PROGRA	M LOCATION
		MEDICAL INFORMA	ATION FOR PARTICIPANT	C/ CHILD 3
	FAMILY DOCTOR	TELEPHONE	н	EALTH CARD NUMBER
	ALLERGIES		MEDICATIO	
		NOTABLE HEALTH CONDIT	IONS	
ROG	RAM INFORMATION			
		THAT YOU WOULD LIKE YOUR CHILD TO A		OOL PROGRAM PECIFIC EVENT OR PROGRAM
	I give permission for <b>PARTICIP</b> ACCESS County Harrow Site. I case of personal injury and/or established rules and/or proce	ANT / CHILD 3, to participate in to relieve ACCESS, its directors, staff property damage resulting from edures of ACCESS County. I will also by the misconduct or negligen	, and volunteers fro behaviour of my chi so be responsible fo	m all responsibility in ild which is contrary to
	All information pertaining to <b>PARTICIPANT / CHILD 3</b> and the child's situation is to be kept confidential. A parent or guardian signed "Release of Information" form is needed in order to allow the exchange of information with any other outside agency (i.e. schools, other service agencies). The only exception of document or information access without parental permission would be access by the courts, in response to a court order or warrant.			
	I hereby <b>give permission</b> for <b>PARTICIPANT / CHILD 3</b> to be photographed/videotaped during the Access County Community Support Services activities for the purpose of promotion and/or for ACCESS County's own photo collection which may be used to promote the organization at a future time. I understand that these photographs/videos will be the property of ACCESS County and may be used in flyers, brochures, posters, newspapers, video, social media (i.e, Facebook, Twitter, Agency Website), and other promotional items that at ACCESS County deems appropriate.			
	I do not give permission for Pa	ARTICIPANT / CHILD 3 to be phot of ACCESS programs.	ographed or videot	aped by ACCESS County



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	FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP	
_	FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP	
_	FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP	
	FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP	

**TELEPHONE** 

LAST NAME

FIRST NAME



PART	ICIPANT / CHILD 4 – INFOR	Are you adding a 4th child		
	FIRST NAME	LAST NAME	DOB (YYYY-MM-DD)	
		Address (Street Number, Street, City	)	
	School	GRADE	PROGRAM LOCATION	
	N	EDICAL INFORMATION FOR PARTICIPANT / CI	HILD 4	
	FAMILY DOCTOR	TELEPHONE	HEALTH CARD NUMBER	
	ALLERGIES		MEDICATIONS TAKEN	
-		NOTABLE HEALTH CONDITIONS		
PROG	RAM INFORMATION			
	MONDAY TUESDAY V	THAT YOU WOULD LIKE YOUR CHILD TO ATTEI		
PART	ICIPANT PERMISSION			
	ACCESS County Harrow Site. case of personal injury and/c established rules and/or prod	PANT / CHILD 4, to participate in the A I relieve ACCESS, its directors, staff, and property damage resulting from behit cedures of ACCESS County. I will also be sed by the misconduct or negligence of	d volunteers from all responsibility in aviour of my child which is contrary to e responsible for any personal injury	
	All information pertaining to <b>PARTICIPANT / CHILD 4</b> and the child's situation is to be kept confidential. A parent or guardian signed "Release of Information" form is needed in order to allow the exchange of information with any other outside agency (i.e. schools, other service agencies). The only exception of document or information access without parental permission would be access by the courts, in response to a court order or warrant.			
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**TELEPHONE** 

**LAST NAME** 

**FIRST NAME**