

## AFTER SCHOOL PROGRAM REGISTRATION

### PARENT / GUARDIAN INFORMATION

PARENT  
/  
GUARDIAN 1

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

EMAIL

SIGNATURE

PARENT  
/  
GUARDIAN 2

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

EMAIL

SIGNATURE

### EMERGENCY CONTACT INFORMATION

EMERGENCY  
CONTACT  
1

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

RELATIONSHIP

EMERGENCY  
CONTACT  
2

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

RELATIONSHIP



**PARTICIPANT / CHILD 1 - INFORMATION**

FIRST NAME	LAST NAME	DOB (YYYY-MM-DD)
ADDRESS (STREET NUMBER, STREET, CITY)		
SCHOOL	GRADE	PROGRAM LOCATION
MEDICAL INFORMATION FOR PARTICIPANT / CHILD 1		
FAMILY DOCTOR	TELEPHONE	HEALTH CARD NUMBER
ALLERGIES	MEDICATIONS TAKEN	
NOTABLE HEALTH CONDITIONS		

**PROGRAM INFORMATION**

PLEASE INDICATE WHEN YOU WOULD LIKE YOUR CHILD TO ATTEND THE AFTER SCHOOL PROGRAM

MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  BY SPECIFIC EVENT OR PROGRAM

**PARTICIPANT PERMISSION**

- I give permission for **PARTICIPANT / CHILD 1**, to participate in the After School Program offered at the ACCESS County Harrow Site. I relieve ACCESS, its directors, staff, and volunteers from all responsibility in case of personal injury and/or property damage resulting from behaviour of my child which is contrary to established rules and/or procedures of ACCESS County. I will also be responsible for any personal injury and/or property damage caused by the misconduct or negligence of my child.
- All information pertaining to **PARTICIPANT / CHILD 1** 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 **give permission** for **PARTICIPANT / CHILD 1** 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 **PARTICIPANT / CHILD 1** to be photographed or videotaped by ACCESS County for the purpose of promotion of ACCESS programs.



**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
FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP



**PARTICIPANT / CHILD 2 – INFORMATION**

Are you adding a 2nd child

\_\_\_\_\_  
FIRST NAME LAST NAME DOB (YYYY-MM-DD)

\_\_\_\_\_  
Address (Street Number, Street, City)

\_\_\_\_\_  
SCHOOL GRADE PROGRAM LOCATION

**MEDICAL INFORMATION FOR PARTICIPANT / CHILD 2**

\_\_\_\_\_  
FAMILY DOCTOR TELEPHONE HEALTH CARD NUMBER

\_\_\_\_\_  
ALLERGIES MEDICATIONS TAKEN

**NOTABLE HEALTH CONDITIONS**

**PROGRAM INFORMATION**

PLEASE INDICATE THE DAYS THAT YOU WOULD LIKE YOUR CHILD TO ATTEND THE AFTER SCHOOL PROGRAM

MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  BY SPECIFIC EVENT OR PROGRAM

**PARTICIPANT PERMISSION**

- I give permission for **PARTICIPANT / CHILD 2**, to participate in the After School Program offered at the ACCESS County Harrow Site. I relieve ACCESS, its directors, staff, and volunteers from all responsibility in case of personal injury and/or property damage resulting from behaviour of my child which is contrary to established rules and/or procedures of ACCESS County. I will also be responsible for any personal injury and/or property damage caused by the misconduct or negligence of my child.
  
- All information pertaining to **PARTICIPANT / CHILD 2** 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 **give permission** for **PARTICIPANT / CHILD 2** 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 **PARTICIPANT / CHILD 2** to be photographed or videotaped by ACCESS County for the purpose of promotion of ACCESS programs.



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



**PARTICIPANT / CHILD 3 – INFORMATION**

Are you adding a 3rd child

\_\_\_\_\_  
FIRST NAME LAST NAME DOB (YYYY-MM-DD)

\_\_\_\_\_  
ADDRESS (STREET NUMBER, STREET, CITY)

\_\_\_\_\_  
SCHOOL GRADE PROGRAM LOCATION

**MEDICAL INFORMATION FOR PARTICIPANT / CHILD 3**

\_\_\_\_\_  
FAMILY DOCTOR TELEPHONE HEALTH CARD NUMBER

\_\_\_\_\_  
ALLERGIES MEDICATIONS TAKEN

\_\_\_\_\_  
NOTABLE HEALTH CONDITIONS

**PROGRAM INFORMATION**

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- I give permission for **PARTICIPANT / CHILD 3**, to participate in the After School Program offered at the ACCESS County Harrow Site. I relieve ACCESS, its directors, staff, and volunteers from all responsibility in case of personal injury and/or property damage resulting from behaviour of my child which is contrary to established rules and/or procedures of ACCESS County. I will also be responsible for any personal injury and/or property damage caused by the misconduct or negligence of my child.
  
- All information pertaining to **PARTICIPANT / CHILD 3** 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 **give permission** for **PARTICIPANT / CHILD 3** 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.
  
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FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP
FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP
FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP



**PARTICIPANT / CHILD 4 – INFORMATION**  Are you adding a 4th child

\_\_\_\_\_  
FIRST NAME LAST NAME DOB (YYYY-MM-DD)

\_\_\_\_\_  
ADDRESS (STREET NUMBER, STREET, CITY)

\_\_\_\_\_  
SCHOOL GRADE PROGRAM LOCATION

**MEDICAL INFORMATION FOR PARTICIPANT / CHILD 4**

\_\_\_\_\_  
FAMILY DOCTOR TELEPHONE HEALTH CARD NUMBER

\_\_\_\_\_  
ALLERGIES MEDICATIONS TAKEN

\_\_\_\_\_  
NOTABLE HEALTH CONDITIONS

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I give permission for **PARTICIPANT / CHILD 4**, to participate in the After School Program offered at the ACCESS County Harrow Site. I relieve ACCESS, its directors, staff, and volunteers from all responsibility in case of personal injury and/or property damage resulting from behaviour of my child which is contrary to established rules and/or procedures of ACCESS County. I will also be responsible for any personal injury and/or property damage caused by the misconduct or negligence of my child.

All information pertaining to **PARTICIPANT / CHILD 4** 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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FIRST NAME	LAST NAME	TELEPHONE	RELATIONSHIP