

Boys Registration Form

Thursdays 3:30 pm – 6:00 pm

St. Andrew Anglican Church

125 Wellington St. W. Alliston, ON L9R 1H8

Mission Statement:

*To provide a safe, nurturing & secure environment where youth can grow in their social awareness & emotional intelligence, and reach their full potential.*

**Child’s Information:**

|  |
| --- |
| **Name:** First Name Last Name |
| **Birthday:** Month Day Year |
| **Age:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |
| **School:** Choose a school |
| **Grade:** Click here to enter text. |
| **How will child get to club?** Click here to enter text. |
| **How will child get home from club?** Click here to enter text. |

|  |
| --- |
| **Child’s Health Card No:** Click here to enter text. |
| **Doctor’s Name:** Click here to enter text. |

If your son/ward requires medical treatment, your signature (below) on this Consent Form gives the Village Kids Club authorization to take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

 Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian*** ***Date***

**Parental Contact Information:**

 **Parent/Guardian Name:** Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text. **Email**: Click here to enter text.

If, **in an emergency**, you cannot be reached, the following person is hereby authorized to act on your behalf and **has been notified that he/she has been granted this authority and may be contacted by *St. Andrew Anglican Church***.

**Name:** Click here to enter text. **Relationship to participant**: Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell:** Click here to enter text.

**Permission To Be Photographed**

This is to certify that I, Insert Parent/Guardian’s Name, give my consent for my son/ward to have his picture taken during the program. The photographs may be used for such things as (but not limited too) future program posters, write ups, informational brochures, Church History, Church website, Face Book, Twitter etc.

**Parent/Guardian Signature:** Click here to sign. **Date:** Click here to enter a date.

**Club Fee** (for administration use only)

Thanks to generous donations, we are able to offer The Village Kids Club program for $25.00/month. Subsidies are available. You can pay for the term by cash or cheque (made payable to St. Andrew Anglican Church)

**Payment Received for Fall Term: $75.00 (Oct, Nov, Dec) □**

 **Winter/Spring Term: $100.00 (Feb, Mar, Apr, May) □**

**Behaviour Policy**

To ensure that a positive and nurturing environment is maintained, it is very important that Respect, Responsibility and Relationship are at the heart of the program. As a result, the following behaviour policy has been developed.

***If a child is displaying a behaviour that is detrimental to the group such as, but not limited to, a lack of respect for mentors &/or peers, bullying, use of inappropriate language, then a phone call will be made first to the parent and then the emergency contact and it is the expectation that the child will be picked up by a parent or the person designated as the emergency contact. The child may return to the club following this incident. However, if there is a second incident involving the same child, then the child will be withdrawn for the reminder of the term. He/she will have the opportunity to participate in the club at the beginning of the next term following an interview to determine the readiness of the child to return to The Village Kids Club.***

We thank you for your support, as we know that all of you want the club to be an inviting and safe environment for all of the children to enjoy.

**Parent/Guardian Blanket Consent Form**

**Information**

When we plan an event for your child, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your (son/ward) is doing, and if in the unlikely event we need to contact you in an emergency, we have that information at our finger tips.

**Event Information:** **The Village Kids Club Alliston-walking during activity time**

Date: **February 2020** to **May 2020**

Leaving from this location: **St. Andrew Anglican Church**

Leader’s Name: **Sheila Dickson**

Transportation arrangements: **Walking**

Time of departure: **4:00 pm** Return: **6:00 pm**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Information:**

|  |
| --- |
| **Name:** First Name Last Name |
| **Address:** Click here to enter text.  |
| **Age:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |

In return for permission to attend the above Event, the undersigned acknowledges and warrants that:

1. My son/ward **requires no special arrangements to safely participate** in the Event under normal adult supervision

 **Yes** *(child can participate fully)* [ ]  **OR** **No** *If you* ***answered NO, specify*** *the special arrangements required below:* [ ]

Enter special arrangements that are required for your child to participate

1. If your son/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you or the person you designate on the form will be contacted as soon as possible.

Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian Date***

If, in an emergency, you cannot be reached, the following person is hereby authorized to act on your behalf and **has been notified that he/she has been granted this authority and may be contacted by a Leader.**

**The emergency contact information for your child is…**

* **The same emergency contact information as listed on**

***The Village Kids Club* Registration Form. (check box and sign below)**

[ ]

Click here to sign. Click here to enter a date.

 ***Signature of Parent/Guardian Date***

 **OR**

* **if you would like to designate a different emergency contact then the one noted on the registration form, then please complete this section below:**

**Name:** Click here to enter text.

**Relationship to participant**: Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

Once completed, please **SAVE** this registration form and **EMAIL** the registration form as an attachment to **s.dickson@standrewanglican.ca**

Thank you for registering your son for The Village Kids Club. If you have any questions, please send an email to the above email address.

Sheila Dickson

(Program Coordinator)