

2019 Summer Children's Program Registration

N'Bisiing Anishinabek

Nbisiing Anishnaabens Chiikewin

Nipissing First Nation

Summer Children's Program

Program Contact: Julie Lambert @ 705-753-2050

Date and Time Received: _____

Please ensure both sides are completely filled out and all boxes are checked. All forms are due by

Monday June 17, 2019 by 4:30 pm

Email: scp@nfn.ca

Personal Information

First Name: _____ Last Name: _____ Status Card #: _____

Address: _____

Birthdate: _____ Age: _____ Gender: (circle) Male Female

Or by Affiliation;

Parents/Grandparent/Guardian Name and Status Card Number: _____

Parent/Guardian(s) Name(s): _____

Contact Numbers: Home # _____ Work # _____ Cell# _____

Alternate Contact #1:

Name: _____ Phone #: _____ Work # _____ Cell # _____

Alternate Contact #2

Name: _____ Phone #: _____ Work # _____ Cell # _____

Due to the high demand of the program, we ask you to indicate your preference by numbering 1 (most desired) – 6 (least desired). This will allow us to prioritize and accommodate as many children, as possible.

___ Week #1 July 8 - 12

___ Week #3 July 22 - 26

___ Week #5 August 5 - 9

___ Week #2 July 15 - 19

___ Week #4 July 29 - August 2

___ Week #6 August 12 - 16

RISK WAIVER/AUTHORIZATION

While I agree to instruct my child to follow the safety instructions of Nipissing First Nation Summer Children's Program employees, I recognize and acknowledge that there is still a risk of injury.

I hereby give my consent to the following (Please check each box):

- ☐ For my child to participate in the Summer Children's Program activities
- ☐ For my child to receive emergency medical care which may become necessary in the course of such activities
- ☐ To waive, release and discharge Nipissing First Nation, its agents and employees from all liability, demands, claims, actions, damages, and expenses arising out of or in connection with my child's participation in the Summer Children's Program, I hereby agree to hold harmless and indemnify, its agents and employees from any and all liability to any individual, including my child.
- ☐ Further, I ask that Nipissing First Nation Children's Summer Program administer medication that I have provided for my child. I accept these risks and agree that the above statement concerning waiver and release apply to the administration of medication to my child. A copy of the prescription must be provided for instructions.
- ☐ I hereby acknowledge that my child(s) photographs maybe used to update the community in the Nipissing First Nation Newsletter it may also be used on Social Media such as NFN Facebook, Twitter etc.

Signature: _____ Date: _____

Witness: _____ Date: _____

More Information is required on the back of this form



Health Information

Health Card Number: _____ - _____ - _____

Has your child ever experienced, been diagnosed with, or visited a medical professional for any of the following reasons:

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Puffers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other Seizure disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If yes, please explain:

Allergies ☐ Yes ☐ No

If yes, please explain:

EpiPen® ☐ Yes ☐ No

Puffers ☐ Yes ☐ No

If yes, where is the EpiPen® stored/carried? _____

Will the child be bringing medication(s) to the Summer Children's Program on a regular basis? ☐ Yes ☐ No

If yes, name of the medication(s): _____

Who administers the medication? _____

Is there any other additional information you feel we should know about your child? _____

Recognizing Each Child's Uniqueness

When working with children who have special needs, child care providers need to realize that each child and each disability is unique. A child with visual impairments has different needs than a child with behavioural challenges.

Does your child receive any additional help during the school year for any of the following?

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> ODD (Oppositional defiant disorder)
<input type="checkbox"/> Autism	<input type="checkbox"/> CD (Conduct Disorder)
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other, please explain: _____

☐ Does your child require support for special education needs, please explain: _____

Will your child/ren be going home for lunch? ☐ Yes ☐ No

Will your child be staying for lunch? ☐ Yes ☐ No (children must provide their own lunch)

Will your child/ren be picked up after program? ☐ Yes ☐ No

or is he/she allowed to walk home? _____

Who has permission to pick up your child? Name: _____ Contact # _____

Privacy of Personal Information collected in the 2019 SCP Registration.

The personal information provided to us in the SCP Registration by you, will be treated with a high level of confidentiality.