



Major Ballachey
AFTER SCHOOL PROGRAM

SEPTEMBER 2021- JUNE 2022

PARENT HANDBOOK
AND
REGISTRATION PACKAGE



Welcome to the Boys & Girls Club of Brantford

Thank you for taking the time to consider enrolling your child/ren in the Major Ballachey After School Program. The following parent/guardian handbook outlines a variety of areas which are pertinent to providing quality care and developing positive relationships with the staff and agency your child is involved in.

The Boys and Girls Club of Brantford is a community organization committed to providing quality recreational programs which are accessible and affordable to children and youth. Over the years, the Boys & Girls Club of Brantford has grown to become a valued and contributory agency within our community. We are extremely pleased that you have considered us to address your family's needs.

The Boys & Girls Club of Brantford sponsors two licensed Child Care Programs, with over 25 years of experience serving children 18 months to 12 years of age and their families. The programs are; Banbury Child Care Centre (preschool, Kindergarten Before/After and School Age Before/After care), Kiddy Korner Daycare (Kindergarten Before/After, Toddler & Preschool), and the Boys & Girls Club School Age After School Care Program.

The Club operates under a Provincial Charter and is governed by a Board of Directors made up of citizens who are community minded and are responsible for its' operation. The Club is a member of Boys & Girls Clubs of Canada, a cooperative encompassing over 100 Clubs. We are also a United Way member agency.

MISSION STATEMENT

To provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life.

CORE VALUES

Belonging We welcome everyone in a safe, accepting environment based on belonging and positive relationships.

Respect We ensure that everyone – children, youth, families, volunteers and staff – is heard, respected, valued and treated fairly.

Encouragement & Support We encourage and support every child and youth to play, learn and grow to achieve their dreams.

Working Together We work together with young people, families, volunteers, and our communities and government.

Speaking Out We speak out with our children, youth and families so that we can make our world better.

SECTION A - GENERAL INFORMATION

In 2008, to address government commitments to improve child and youth health issues, the Ministry of Tourism, Culture & Sport (formally the Ministry of Health Promotions (MHP)) developed a “Child and Youth Health and Wellness After-School Strategy”.

The strategy is focused on supporting comprehensive after-school programming in specific priority neighbourhoods where school-age residents can benefit from new or enhanced programs focused on physical activity, healthy eating and nutrition, wellness and personal health education.

By focusing on these core elements and aligning this strategy with complementary initiatives, it is anticipated that the After-School Strategy will support and contribute to the following long term outcomes:

- Decrease in childhood obesity

- Healthy eating by contributing to an increase in fruit and vegetable consumption
- Increasing physical activity in children and youth
- Improved learning outcomes and student achievement
- A reduced rate of youth violence
- A reduction in childhood poverty

The after-school time frame not only provides an opportunity for participants to develop and learn in a fun environment, it provides families with a safe and secure location for their children and provides the community with youth-focused activities they can support.

PROGRAM CONTENT

To help ensure consistency and sufficient time for participants to be exposed to key topics, there are requirements set by the Ministry of Health Promotions for the percentage of program time that is to be dedicated to each topic over the period of a month. Over the course of a month the program will offer;

- 30% physical activity
- 20% healthy eating and nutrition education
- 20% wellness and personal health

	Desired Program Outcomes
Physical Activity	<ul style="list-style-type: none"> • Immediate impact on activity levels of participants • Increased enjoyment of physical activity through exploring different types of recreation activities • Increased interest in participation in physical activities outside of the after-school program
Healthy Eating and Nutrition Education	<ul style="list-style-type: none"> • Participants are making healthy food choices • Ability to plan a healthy meal • Demonstrate age-appropriate knowledge about nutrition
Wellness and Personal Health Education	<ul style="list-style-type: none"> • Increased resiliency, self-esteem, confidence and self-reliance • Better relationships with others • Increased awareness of safety and health-related issues

The purpose of this handbook is to make you aware of our policies and procedures and all other pertinent information about the program. Please read this handbook carefully and keep it for future reference. If you have any questions, please feel free to contact the program Supervisor at our main office @ 519-752-

2964, extension 119.

AGES

Children ages 5-12 years (Grades SK-6) can be registered in the Major Ballachey After School Program.

REGISTRATION REQUIREMENTS

This is not a drop-in program.

Priority is given to families who are working and/or enrolled in school.

Participants must register for a minimum of 3 days per week.

Registration is on a first come, first served basis.

RATIOS/GROUP SIZE

Our goal is to maintain a staff:child ratio of 1:10, never exceeding a ratio of 1:15

Dependent on resources available (ie. staffing, etc.) we may limit the program to a manageable capacity of children per day.

STAFF, STUDENTS, VOLUNTEERS

Our Staff are committed to the provision of high quality care.

Students from community educational institutions often take part in our program as part of their learning. Volunteers may also assist in our program. All staff, students, and volunteers are interviewed and must have an approved Police Records check prior to joining the program.

DAYS/HOURS OF OPERATION

The Major Ballachey After School Program will be provided throughout the months of September to June based on the Public School Board (Grand Erie District School Board) calendar.

The Major Ballachey After School Program does not operate based on the Separate School Board calendar.

The program operates Monday to Friday from 3:15 p.m. – 5:30 p.m.

The program does not operate on PA Days or during the Christmas or March Break periods.

HOLIDAYS

Program is Closed on the following holidays which fall within the school year:

1. Family Day
2. Good Friday
3. Easter Monday
4. Victoria Day
5. Thanksgiving

Parent/guardians will be notified of any additional days of closure through notices posted on the sign out

sheet. During the winter months, the program will not operate on snow days or any school closures

PERSONAL BELONGINGS

The programs are not responsible for any lost items or belongings.

It is recommended that your child/ren leave any valuable items at home.

Indoor shoes must be provided. This helps to eliminate the amount of dirt/mud being brought into the facilities.

SNACK

The Major Ballachey After School Program will provide a nutritious snack.

PLEASE NOTE: The program CANNOT accept treats that are homemade. Any treats brought into the program for special occasions (ie. Birthday celebrations) must be purchased from an establishment which has been regulated and approved by the Brant County Health Unit.

RELIGION/CULTURE

We recognize that there are many different religions and cultures within our community and we attempt to be aware of their practices. In our program we follow activities as scheduled, however, we can provide separate activities for those who choose not to join in due to religious or cultural beliefs.

It is your choice as a parent/guardian, whether or not to send your child to the program on special holidays or occasions. Absolutely no segregation of children will occur for any reason.

VIDEOS

Videos are considered an enhancement to the program when used in the proper context (ie. to provide the opportunity to see or learn about a topic of interest.)

Videos are not part of regular planning, they are used only as previously stated. The types of videos permitted:

- < rating - general or family
- < age appropriate
- < follows interest of child
- < transmits culture - exposes children to other cultures
- < supports music, dance or art
- < thirty (30) minutes maximum

PARENT/GUARDIAN FEEDBACK

Please remember ours is an 'open door' policy and we encourage you to speak with your program Supervisor at any time regarding the continuous involvement in your child's care.

SECTION B - ADMINISTRATION

REGISTRATION PROCEDURES

Once the decision has been made to register a child in our program, a Registration Package must be completed. Registration must occur in person, not by phone or fax.

Incomplete registration packages will not be accepted or processed.

Once the package is completed in full and submitted to the Program Supervisor, the child's registration will be secured in the program.

Registration is limited and is on a first come, first served basis. – priority is given to working families.

ABSENCES

Parent/guardians must notify the program as soon as possible regarding their child's absence from the Major Ballachey After School Program. If this is on the day your child is to attend, **notification must be prior to 2:00 p.m.**

Please call 519-752-2964 extension #119 to inform the program of your child's cancellation.

SCHOOL/PROGRAM CLOSURE

School or program closure may result on severe snow storm days. Listen to your local radio station (CKPC) for announcements. The Major Ballachey After School Program will not operate when the school is closed. If we choose or are required to close the program down, we will notify parent/guardians by phone.

ENROLLMENT AND WITHDRAWAL

Staff is available to answer any questions or assist the parent/guardian in completing the enrolment forms (contact Program Supervisor at 519-752-2964, ext 119). Packages can be picked up at Major Ballachey School (Rawdon Street), the Boys and Girls Club of Brantford (Edge Street) or printed off a link available on the Club's website.

TERMINATION OF SERVICES

Our program is operated in the best interest of the children and staff who take part in the program offered. At least one of the following criteria must be met if the program wishes to terminate the services offered to a child or family;

- a) the child exhibits behaviour which may be detrimental or bring harm to those around him/her
- b) the safety and/or health of the children and staff within the program is in jeopardy
- c) the program and its staff are not able to meet the needs of a child
- d) behaviours of parent/guardian are deemed detrimental to the programs and services

To implement the Termination of Services Policy, the following steps must first be taken;

a) Program Supervisor will notify parent/guardian, in verbal and written form, with their concerns and explain the steps being taken by the agency as they attempt to resolve the behaviours in question. The agency will note the steps they have taken and the outside resources which have been contacted. These resources should include such agencies as the Children's Aid Society, Family Counselling Centre, Lansdowne Children's Centre, Early Years Centre, and/or Woodview Children's Centre.

b) A meeting with parent/guardian and Program Supervisor will be arranged at a convenient time for both parties. It will be at this time when outside professionals may be approached for further assistance with written permission from the parent/guardian. A plan will be developed and appropriate time lines negotiated.

NOTE: In extreme cases where the safety of the participants and/or staff is in jeopardy, the child may be asked to leave the program until a plan of care can be determined

c) When the agreed upon time line has passed and the program feels the concerns have not been resolved, written notice will be provided noting the termination of services for the child in question at the end of a two week period *or immediately if deemed necessary.*

ARRIVAL AND DEPARTURE

The program has sign-in/out forms which parent/guardians are required to utilize. The parent/guardian or authorized adult who picks the child up must complete the sign out sheet. Program staff will sign children in upon arrival for the Major Ballachey After School Program. This gives an accurate record of attendance in the case of an emergency and indicates a handing over of responsibility for the care of the child.

The program must ensure that a sign in/out sheet is available in a designated area each day. Each parent/guardian will need to put their initials next to their child's name on each day their child attends when picking them up.

Unless otherwise arranged, children will not to be released to any other person than those who are specified on the child's enrolment forms.

Please make all authorized individuals for pick up aware that if a particular staff member is not familiar with them, that they will be required to produce photo identification issued by the Province of Ontario or the Government of Canada for verification purposes.

SECTION C - BEHAVIOUR MANAGEMENT

Child Behaviour and Guidance Techniques

1. Participants will be guided in a positive manner that is appropriate to their age and developmental level
2. Guidance will assist participants to understand and learn self discipline and appropriate behaviours
3. All rules and guidelines will be clearly outlined to all participants - they will be repeated and reviewed as necessary
4. Regular staff intervention will be in the form of praise, encouraging comments, recognition, and reminders to participant's of acceptable behaviour - where possible, intervention will permit logical consequences; physical contact with participant will be discouraged
5. Staff, students, and volunteers will use positive, supportive voices and vocabulary, model acceptable behaviour and not discuss the child's misbehaviour in front of them
6. Snacks - participants will be encouraged to at least taste all foods - force feeding or the withholding of any food or drink is not allowed
7. Participants will be encouraged to work both independently and cooperatively with other participants and staff
8. If a staff member feels her/himself losing patience with a participant or situation, they will seek assistance. This is not viewed as a weakness but rather as professionalism, it happens to everyone occasionally but will never be a reason to penalize a child
Staff and volunteers who are having difficulties with any aspect of their position are encouraged to seek guidance or assistance from the program supervisor

Strategies for Challenging Behaviours

In the event that any participant misbehaves, one or more of the following techniques will be employed;

1. Watch for potential problems and intervene before problems arise. Example: change activity, separate participants
2. Wherever misbehaviour is attention seeking, it will be ignored, unless it poses a potential danger
3. Participants will be given clear direction regarding the limits of the program/activities
4. Observe the undesirable behaviour or obtain as much information as possible prior to forming judgements
5. Bring the inappropriate behaviour to the participant's attention, explaining why it is inappropriate. Engage in a problem-solving process with the participant to determine behaviour modification and consequences if the behaviour re-occurs
6. If the behaviour re-occurs, the participant and staff will review the problem-solving process and follow the pre-determined consequences. Consequences may include:

- redirection to another activity
 - time out: Time outs will be seen as an acceptable strategy. Following the time out, staff will review the problem with the participant and determine how the problem can be solved/prevented in the future. Length of time out is based on the readiness of the participant to return to the program (i.e. de-escalation has occurred).
7. Continuous poor behaviour will result in removal from all activities and a report will be made to the parent/guardian
 8. Staff will acknowledge the child's feelings
 9. Staff response to misbehaviour will be in a supportive voice-focus on the intervention not the child

Prohibited Practices

No staff or student or volunteer shall use;

- 1) **corporal punishment** of any kind, nor shall he/she permit corporal punishment by another participant or group of participants
 - 2) **deliberate harsh or degrading measures** that would humiliate a participant or undermine a participant's self-respect
 - 3) **deprivation of a participant's basic needs**, including food, shelter, and clothing
 - 4) **any type of physical restrain/restraint** on a participant for the purpose of control or punishment, unless otherwise stated and written parental consent has been authorized for SAFETY
- PRECAUTIONS

No one shall;

- 1) lock or permit to be locked for the purpose of confining a participant, the exits of the program room
- 2) use a locked or lockable room or structure to confine a participant who has been withdrawn from other participants

SECTION D - HEALTH & SAFETY

CUSTODY POLICY

It is the function of Club personnel to take care of the children. Club personnel are not lawyers or judges, and are not trained to interpret court Orders, or mediate disputes between parents. Therefore, it is incumbent on sole and joint custody parents to cooperate fully with Club personnel and one another in regard to this policy in order to advance the best interests of the children.

THE AGENCY WILL REMAIN NEUTRAL AND REFRAIN FROM OFFERING ADVICE AND/OR PROVIDING WRITTEN DOCUMENTATION IN REGARDS TO THE STATUS AND/OR WELL BEING OF A CHILD IN OUR CARE.

Sole Custody

Upon enrolment, the program requires a photocopy of the **FULL** court Order stating that it is a sole custody arrangement.

A copy of the court Order is to be retained in the child's file.

This is extremely important documentation for the program to have - without a court Order showing proof that one parent does not have access to a child, the agency and/or police department cannot stop a parent from taking a child.

Joint Custody

Upon enrolment, the program requires a photocopy of the **FULL** court Order stating that it is a joint custody arrangement.

Because both parents in a joint custody arrangement have shared rights and responsibilities, and because a variety of joint custody arrangements are possible, it is recommended that both custody parents register the child(ren) in the program.

If one of the two joint parents (ie. Primary care parent) has exclusive decision-making responsibility with regard to care responsibilities, then it is permissible for that for that parent alone to register the child(ren) in care, in accordance with the court Order.

Where there is any particular special child care, or emergency notification requirements, the parents or primary care parent have a responsibility to advise the program of any such requirements in writing upon registration of the child(ren). For instance, if one or both joint parents are to be notified or contacted in case of emergency or other important situations arise, then it should be specifically mentioned in the application for care.

A copy of the court Order is to be retained in the child's file.

Custody Changes

If a parent has recently changed their custody arrangements, it is the parent's responsibility to provide the program Supervisor with the necessary copies of the court Order.

EMERGENCIES

We ask that all CHANGES of address, telephone number, employment, doctor's etc., be reported to the Program Supervisor immediately. It is the parent's responsibility to notify the Supervisor of any changes. Current information is kept on file in case of emergencies and consent forms must be signed in the event that the parent or guardian cannot be reached.

ILLNESS

All children attending our program are informally assessed for symptoms of ill health daily, before admission into the program. Children will be excluded if they show symptoms of a contagious nature or infections. These symptoms may be;

- < green/yellow runny nose if accompanied by any one or combination of the following;
- < acute cold
- < undiagnosed rash
- < fever of 101F or higher
- < open sores
- < runny eyes
- < vomiting
- < infected hair or skin
- < sore throat
- < diarrhea

The child cannot return to the program until they are symptom free for 24 hours, with few exceptions. When a child develops symptoms while in the program, all symptoms will be recorded in a Symptoms of Ill Health Form located inside each child's file.

The child's parent/guardians or emergency contact will be notified immediately of the child's condition and will be asked to come and pick the child up.

OUTBREAK POLICY

When an outbreak is suspected (the Brant County Health Unit considers two or more cases of an illness to be an outbreak), the program supervisor will contact the Health Unit and inform them of the symptoms and the number of children involved. The Health Unit will determine whether the seriousness and number of cases determines an outbreak. During an outbreak, all toys will be disinfected on a daily basis and ill children will be excluded from the program until the Medical Officer of Health judges them well enough to resume attendance.

COMMUNICABLE DISEASE (*Chicken Pox*)

Previously the Health Unit has stated and advised, that children with chicken pox have a seven day incubation period or until their scabs have formed. A revision from the Health Unit now states that children are contagious prior to the break out of sores, therefore can return to school while sores are still visible.

It is our policy, that in order to protect the child from further infection and disease that the child stays at home until scabs have formed. This precaution will ensure continued protection against further complications to the child's health.

Although we adhere to the Health Units standards and use universal precautions, it is always necessary to

cover open sores of any type. By the very nature of care and children's developmental levels, germs and disease can be passed on through contact. In order to protect a child from untold complications to open sores and also protect the majority, it is much safer to use extra precautions and preventative measures of the seven day time period.

Pediculosis (*Head Lice*)

Children who show any evidence of head lice will not be permitted in the Major Ballachey After School program. It is the responsibility of parents/guardians to ensure their children are properly and thoroughly treated before returning to the program.

ANAPHYLAXIS (*Allergies*)

Anaphylaxis is an instant allergic reaction in all the major body-organ systems. Unless there is a medical intervention, the victim may suffer a drop in blood pressure, loss of consciousness, and death. This can occur within minutes of exposure to the triggering substance. Even a small amount of the allergen can be fatal.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (ie. Hazelnuts, walnuts, almonds, cashews), cows milk and eggs. Fish, shellfish, wheat and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylactic reactions include insect venom (especially bees), medications, latex, and rarely, vigorous exercise. Most individuals lose their sensitivity to milk, soy, egg and wheat by school age, but reactions to peanuts, tree nuts, fish and shellfish tend to persist throughout life.

Ensuring the safety of anaphylactic children or youth within the Boys & Girls Club programs is a shared responsibility that necessitates the cooperation of all. The Club strives to provide a safe environment for children and youth, **but it is not possible to reduce the risk to zero**. The Club will take reasonable efforts to restrict the presence of known life-threatening allergens in our programs when participant's lives may be threatened by the presence of those allergens.

PROGRAMS OPERATING WITHIN SCHOOL ENVIRONMENTS/LOCATIONS ARE REQUIRED TO ADHER TO SCHOOL POLICIES AND PROTOCOL REGARDING ANAPHYLAXIS

Responsibilities of the Parent/Guardian of an Anaphylactic Child

- < inform the program in writing of the child's allergies including updated information on the latest testing and latest anaphylactic response
- < provide a medic alert bracelet for the child
- < provide the program with written medical documentation that clearly outlines a physician prescribed protocol for the administration of medication
- < if required by physician instructions, provide the program with an additional up-to-date injection kit and keep it current
- < provide support to club personnel as requested
- < provide a body pouch for transport of the EpiPen
- < provide training to the child in use of the EpiPen (age appropriate)

- < provide the program with an auto-injection kit if such is indicated in the doctor=s instructions
- < verify ambulance service response time to the child’s program
- < Teach the child to (age appropriate)
 - X recognize the first symptoms of an anaphylactic reaction
 - X know where medication is kept and who can get it
 - X communicate quickly to others when they feel a reaction is starting
 - X always carry their own auto-injector in a body pouch as part of a continued lifestyle
 - X say no to shared lunches and snacks
 - X understand the importance of hand washing
 - X report bullying and/or threats to an adult in authority

Responsibilities of All Parent/guardians

- < respond cooperatively to requests from the Club to eliminate allergens from packed lunches, snacks and other special occasions foods
- < participate in parent/guardian information sessions
- < encourage children to respect an anaphylactic child and all Club procedures in place to protect the affected child
- < learn to recognize symptoms of anaphylactic children
- < avoid sharing food with other children
- < follow Club rules about keeping allergens out of the program

FEEES

Fees for **the Major Ballachey After School Programs** are as follows:

\$2.50 per day/per child

PAYMENT MUST BE MADE IN ADVANCE OF SERVICES BEING USED

PLEASE NOTE THERE MAY BE A FEE INCREASE EFFECTIVE JANUARY 1ST, 2022

FEE PAYMENT PROCEDURES

Fee's for service are required weekly, bi-weekly or monthly. All fees’ are to be paid in advance of services being provided. (ie. payment received on **Thursday** for services provided the following week, payment received on the first day of each month for the upcoming month). Program will accept post-dated cheques for payment, providing they are dated before services are accessed and utilized. Please check with the program to establish your fee payment procedure.

Fee's can be paid in cash, Cheque or debit/visa. All cheques are to be made payable to the Boys & Girls Club of Brantford.

An **NSF fee of \$30.00** is charged for cheques that have been returned due to insufficient funds available.

IMPORTANT INFORMATION

Although the agency recognizes there are times when payment for services may be made by another individual other than that who has signed the registration package, it is important to note that the agency's contract is with the individual who has signed the registration package. Should accounts be in arrears the agency will expect payment in full from the individual who has signed the registration package. Should payment not be received this is the individual who's information will be forwarded to our collection company.

INCOME TAX RECEIPTS

Income tax receipts are received at the time of purchasing service (payment receipt issued).
If copies of receipts are required at a later date, a **\$25.00 administrative fee, per receipt, will apply.**

REFUNDS

There are no refunds for days missed by a child, including those due to illness or in the event the program is closed for reasons beyond our control (ie. long disruption in essential services, bad weather). **There are no refunds given unless a child is TOTALLY withdrawing from the program and adequate notice is given (2 weeks written).**
In extreme circumstances, refunds may be considered when a doctor's note is produced by the parent/guardian.

LATE FEE PENALTY PAYMENT

Parent/guardians who pick up their child after the program's closing hours (by the program's clock) are subject to a late fee penalty.

The late fee is as follows:

\$1.00 per minute that the parent/guardian is late

The late fee is paid directly to the leader who has been required to stay past their shift to supervise the child.

Parent/guardians are required to sign the 'Awareness of Late Fee Penalty' section located in the Enrolment Package.

This fee is not included in the parent/guardian's monthly statement or their tax receipt.

SCHOOL/PROGRAM CLOSURE

School or program closure may result on severe snow storm days. Listen to your local radio station (CKPC) for announcements. The Before and/or After School Programs will not operate when the schools are closed or we feel transporting participants (Edge Street ONLY) to the Club could pose a safety concern. If **we** choose to close the program down, we will notify parent/guardians by phone. When **we** choose to close the program, parent/guardians will be credited for the lost day. **Refunds will not be given** if a decision to close a school is made by either school board.

ENROLLMENT AND WITHDRAWAL

Leaders are available to answer any questions or assist the parent/guardian in completing the enrolment forms.
Packages can be picked up at program locations.

Written notice of 2 weeks must be received in order for a parent/guardian to withdraw their child from the program.

If the required 2 weeks written notice is not given, the parent/guardian will be invoiced for the 2 week time period.

SECTION E – REGISTRATION PACKAGE AND CHECKLIST

REGISTRATION CHECK LIST

When registering for the Major Ballachey After School Program, please ensure you have completed the following;

- Registration Package
Ensure name/address/emergency/medical/custody information is provided in full
- Completion of Forms
Emergency Response Form
(ONLY FOR THOSE REGISTRANTS WITH A LIFE THREATENING ALLERGY)
Support Agency Involvement Form
(ONLY FOR THOSE REGISTRANTS RECEIVING SERVICES FROM A SUPPORT AGENCY)
- Signed Acknowledgement of Enrollment Policies

The above information and documentation is required before registration can occur. ***Without this information, registration packages will be returned and spots will not be guaranteed.***

Boys & Girls Club of Brantford
 MAJOR BALLACHEY AFTER SCHOOL PROGRAM
 REGISTRATION FORM

OFFICE USE ONLY

<i>Admission Date</i>		<i>Discharge Date (within current school year)</i>	
<i>Re-Admission Date (within current school year)</i>		<i>Discharge Date</i>	

Childs LAST NAME	Childs FIRST NAME	Age	Birth Date (DD/MM/YY)	SCHOOL GRADE
1)				
2)				
3)				

Address(s)	Postal Code	Phone Number
Home:		
Email:		

EMERGENCY INFORMATION

Legal Parent/Guardian MUST BE INCLUDED in emergency contact. Emergency contacts MUST be able to pick up your child if you are unavailable. MINIMUM OF TWO CONTACTS REQUIRED.

Emergency Contact Person	Relationship	Contact Information
1)	Mother/Father/Guardian	Home Phone:

		Work/School Name: Work/School Phone:
2)	Mother/Father/Guardian	Home Phone: Work/School Name: Work/School Phone:
3)		Home Phone: Work/School Name: Work Phone:
4)		Home Phone: Work/School Name: Work/School Phone:

WHO HAS LEGAL CUSTODY? Both Parents __ Mother ____ Father ____ Guardian ____

IF SOLE OR JOINT CUSTODY ARRANGEMENTS ARE IN PLACE, PHOTOCOPIES OF **THE FULL** COURT ORDERS AND CONDITIONS ATTACHED TO THE ORDERS MUST BE INCLUDED WITH THESE FORMS.

AUTHORIZED PICK UP

I grant the Boys & Girls Club of Brantford Major Ballachey After School Program permission to release my child into the care and custody of the following individuals.

NOTE:

Only those listed will be considered authorized and your child will not be release into the care of anyone who is not listed on this form.

Legal Parent/Guardian MUST BE INCLUDED in authorized individuals for pick up.

AUTHORIZED INDIVIDUAL(S) TO PICK UP MY CHILD/REN FROM THE PROGRAM

Name	Relationship	Verify Age Group	Phone Number
	Mother/Guardian	NA	
	Father/Guardian	NA	
	Emergency Contact (this person MUST be able to pick up your child if you are not available)	<input type="checkbox"/> 12 to 14 yrs <input type="checkbox"/> 16 to 18 yrs <input type="checkbox"/> 18 yrs +	
	Emergency Contact (this person MUST be able to pick up your child if you are not available)	<input type="checkbox"/> 12 to 14 yrs <input type="checkbox"/> 16 to 18 yrs <input type="checkbox"/> 18 yrs +	
		<input type="checkbox"/> 12 to 14 yrs <input type="checkbox"/> 16 to 18 yrs <input type="checkbox"/> 18 yrs +	
		<input type="checkbox"/> 12 to 14 yrs <input type="checkbox"/> 16 to 18 yrs <input type="checkbox"/> 18 yrs +	

Please identify the relationship of other authorized persons to the parent/guardian(s)

Please inform the listed individuals that if they have not attended the program in the past and the staff does not recognize them, they will be asked for **VALID photo identification issued by the Province of Ontario or the Government of Canada** for verification purposes if they are over 16 years of age. Those under the age of 16 years will need to provide a photo ID student card or similar photo ID.

If you require someone other than an individual listed to pick up your child on any given day, we require written authorization, including a physical description of the person, name and phone number, before your child will be released into their care. Please ensure the letter is signed and dated by you.

We (parent(s)/guardian) forever release and discharge the Boys & Girls Club of Brantford, its directors, employees, or agents from any and all claims or demands of any kind relating to or arising from the release of the child to the authorized individual(s) listed herein.

I understand, acknowledge and agree to the above.

Signature of Parent/Legal Guardian

Date

MEDICAL INFORMATION

Doctors Name	Address	Phone

MEDICATIONS/ALLERGIES INFORMATION

Childs Name	Allergies/Reaction	Medications
1)		
2)		
3)		

**If your child suffers from a life-threatening allergen
an additional Emergency Response Plan form must be filled out**

Is/has your child received services from a support agency? (ie. Lansdowne CC, Woodview CC, Speech/Hearing, etc.)

- Yes; please provide details on Support Agency Involvement Form
- No; but I have concerns – please speak to Program Supervisor
- No; I have no concerns at this present time

It is important to us that your child/ren have the best possible experience within a Boys & Girls Club program. Any suggestions that would assist our staff in working with your child/ren more positively and effectively are very useful and helpful. Please indicate any special needs or behaviour which might affect your child/ren’s experience.

Signature of Parent/Legal Guardian

Date

It is important to us that your child/ren have the best possible experience at the Boys and Girls Club Before/After/PA Day programs. Any suggestions that would assist our staff in working with your child/ren more positively and effectively are very useful and helpful.

Indicate if child(ren) experiences or has experienced any of the following;

Medical (ie Vision, Hearing, Seizures, Diabetes, Mobility) YES NO

If yes; indicate medical details

Currently taking medication? YES NO

Will medication be taken during before/afterschool/PA program? YES NO

*If medication is being taken at camp, please fill out medication authorization form

Developmental/Learning (ADD, ADHD, Autism, Delays etc) YES NO

If yes; indicate details;

Does your child(ren) require additional assistance? (Kindergarten before/afterschool/PA Day programs maintain a ratio of 1:13 and 1:15 ratio per school age group) YES NO

If yes; please indicate if there is anything, we should know concerning school, relationships, abilities etc

Signature of Parent/Legal Guardian

Date

Major Ballachey Afterschool Program 2021/2022

EMERGENCY INFORMATION FORM

* This form is taken with staff on all out trip excursions *

Child's LAST NAME	Child's FIRST NAME	Age	Birth Date (MM/DD/YYYY)
1)			
2)			
3)			

Childs Address	Postal Code	Phone Number
Home:		

Emergency Contact Person	Relationship	Phone Number(s)
1)	Mother/Father/Guardian	H: W:
2)	Mother/Father/Guardian	H: W:
3)		H: W:
4)		H: W:

Child's Name	Allergies/Reaction	Medications
1)		
2)		
3)		

I understand that my child/ren will be treated by a physician, hospital staff member or Boys and Girls Club employee will administer First Aid/CPR should there be an accident, sudden illness or emergency.

Signature of Parent/Legal Guardian

Date

Boys & Girls Club of Brantford
Major Ballachey After School Program

IMMUNIZATION FORM

To be completed by the child's parent/guardian

Child's Name	Date of Birth
1)	
2)	
3)	

Confirmation of Immunization Record

I, _____, confirm that my child/ren

has been immunized according to the Ontario Education Act and the school which my child attends has a record of the immunizations.

Signature of Parent/Guardian

Date

- My child has NOT received immunization.
Attached is a copy of the STATEMENT OF CONSCIENCE OR RELIGIOUS BELIEF obtained from the Brant County Health Unit

Signature of Parent/Guardian

Date

Major Ballachey After School Program
EMERGENCY RESPONSE PLAN
(ONLY for those participants with life-threatening allergies)

PARTICIPANT INFORMATION (To be completed by Parent/Guardian)	
Name of Participant:	
Address:	
Home Phone #	Date of Birth
Name of Father	Business #
Name of Mother	Business #
Emergency Contact	Phone #
PHYSICIAN INFORMATION (to be completed by Family Physician)	
<p>Allergy Description: The above named child has a dangerous, life-threatening allergy to the following:</p> <p><input type="checkbox"/> foods _____</p> <p><input type="checkbox"/> and all foods containing them in any form in any amount, including the following kinds of items:</p> <p>_____</p> <p><input type="checkbox"/> bee/insect stings</p> <p><input type="checkbox"/> medications _____</p> <p><input type="checkbox"/> latex</p> <p><input type="checkbox"/> vigorous exercise</p>	
Symptoms of Reaction:	
EMERGENCY RESPONSE PLAN	

-2-	
Recommended Response to Reaction:	
Medication:	Dosage:
Additional Instructions or Information:	
Name of Physician:	Telephone:
Signature of Physician:	Date:

SUPPORT AGENCY INVOLVEMENT FORM
(ONLY for those participants receiving services from a support agency)

<i>SUPPORT AGENCY INVOLVEMENT</i>	
Name of Agency	
Length of Involvement	
Type of Support/Services Receiving	
Is it Beneficial for Club to Contact	<input type="checkbox"/> yes <input type="checkbox"/> no
Name of Agency	
Length of Involvement	
Type of Support/Services Receiving	
Is it Beneficial for Club to Contact	<input type="checkbox"/> yes <input type="checkbox"/> no
Please identify any concerns you have about your child’s development or behaviour.	

If you have indicated ‘yes’, it is beneficial for the Club to contact a support agency, please complete the following;

I, _____, of _____,
Full Name of Parent/Legal Guardian Full Address

being the parent and/or legal guardian of _____, do



Full Name of Child

hereby authorize the Boys & Girls Club of Brantford to obtain and/or release all pertinent records, medical and education history on the above named child to/from;

Name of Agency

Name of Agency

Name of Agency

Name of Agency

Name of Agency

Name of Agency

It is acknowledge that the exchange of such information shall not be regarded as a breach of confidentiality and it is understood that the information shared will be used to serve my child's health care, educational, social and emotional well-being.

This authorization may be terminated at any time by the undersigned by submitting a written request to the Boys & Girls Club of Brantford.

I hereby waive all claims against the Boys & Girls Club of Brantford, its employees, directors, officers and agents, in connection with the above noted release of information.

Signature of Parent or Legal Guardian

Witness

Date: _____
 Day Month Year

Boys & Girls Club of Brantford
Major Ballachey Afterschool Program



PERMISSION TO LEAVE PROGRAM FORM – 2021-2022

This form is to be filled out if your child will be leaving a Boys and Girls Club Program to walk home unescorted. Your child may do this if he/she is in grade 4 or higher.

Child/rens name(s):

School attending:

I, (name of parent/guardian)

_____ give

permission for the above named child/ren to leave the After School/P.A. day Program and walk home unescorted. My child has my permission to leave the program property at _____ p.m. I release the Boys and Girls Club of any responsibility once my child has been signed out of the program by one of the Clubs leaders.

Parent/Guardian Signature

Date

Boys & Girls Club of Brantford
Major Ballachey Afterschool Program

Enrolment Policies – 2021-2022

I understand that my child/ren will not be released to anyone not listed on the authorized Individual's form, unless a leader is notified in writing of a change or verbal permission has been granted, noted in the child's file and then initialled by the parent/guardian. In a case where a taxi is used, I will inform the Club which company I am employing. If a person comes to pick up my child and is unknown to an employee or the child (excluding taxi drivers), proper identification will be requested and required.

I understand there are no refunds for days missed by my child, including those due to illness or in the event the school is closed for reasons beyond our control (ie. long disruption in essential services, bad weather).

I understand that I will be asked to remove my child from the program if he/she exhibits any of the following symptoms - fever, vomiting or diarrhea, etc. (Please refer to illness policy located in the parent handbook). My child may return when they have been symptom free for 24 hours. I understand this policy is strictly enforced and is for the protection of my child and his/her playmates.

I understand if my child is on a prescribed medication, the Club can administer this for me, provided I have filled out a medication authorization form. I understand the medication must be in its original container, with my child's name and dosage clearly marked. No outdated medication can be administered by Club staff.

In the event that immediate medical attention must be given to your child and we are unable to reach yourself or the emergency contact person, we require your acknowledgement that qualified Boys and Girls Club leader will administer first aid/CPR to your child/ren, prior to an emergency room doctor administering any necessary treatment to your child. In addition, we require your acknowledgement to authorize a qualified doctor to administer the treatment necessary.

I understand that my child/ren will be treated by a physician, hospital staff member or Boys & Girls Club employee will administer First Aid/C.P.R. should there be an accident, sudden illness or emergency.

Signature of Parent/Guardian

Date

I am aware that offsite activities or field trips may be planned as enrichment to our program.
I give permission for my child/ren to participate in offsite activities and/or field trips.

Signature of Parent/Guardian

Date

I understand fee's for my child's care is required weekly, bi-weekly or monthly. I am aware **all fee's are to be paid in advance of services being provided.** (ie. payment received on Thursday for services provided the following week, payment received on the first day of each month for the upcoming month). The Club will accept post-dated

cheques for payment, providing they are dated before services are accessed and utilized. Fees can be paid in cash, money order, cheque, debit and visa. All cheques are to be made payable to the Boys & Girls Club of Brantford.

I am aware a NSF fee of \$30.00 will be charged for cheques that are returned due to insufficient funds.

I understand that should I require additional copies of tax receipts there will be a \$25.00 administrative fee, per receipt, applicable.

I understand that should I pick up my child/ren after the program's closing time (by the program's clock) I am subject to a late fee penalty. **The late fee penalty is \$1.00 per minute that the parent/guardian is late.**

The late fee penalty is paid directly to the leader who has been required to stay past their shift to supervise your child. The fee is to be paid on the same day. **This fee is not included on monthly statements or tax receipts.**

I understand if my child is going to be absent from the After School Program, I must contact the program as soon as possible, and/or **before 2:00pm** of the date of expected absence.

I understand that **written notice of 2 weeks** in advance must be received in order to withdraw my child from the program. Once notice has been received, any post-dated cheques will be returned. If I have given 2 weeks notice and my child does not attend the program during this notice period, I will not receive a refund. In addition, if I do not give the required 2 weeks notice, I will be invoiced for the amount owing.

All outstanding accounts will be directed to a collection agency.

I understand that all of my children's belongings need to be labeled with their name. Children are encouraged to leave money and valuable items at home. The Club is not responsible for any lost items or belongings

I am aware that all CHANGES of address, telephone number, employment, doctor, etc., are to be reported to the Supervisor immediately.

I am aware there may be children enrolled in the program with life-threatening allergens.

I fully understand my responsibilities as either a parent/guardian of an anaphylactic child or a parent/guardian whose child may be participating in the program. I support the Club in their attempt to restrict the presence of known life-threatening allergens in the programs.

Signature of Parent/Guardian

Date

Where the courts have issued Orders concerning custodial arrangements, **I understand it is my responsibility** to provide the program with a photocopy of the full court Order stating that it is either a sole or joint custody arrangement, and the conditions attached to the Order. **I also understand** that should there be changes made to the Order over the course of time, that a photocopy of the revised Order is provided to the program.

Signature of Parent/Guardian

Date

Your child may participate in an event or activity where photos, video or audio of Club participants may be taken for promotional/educational/fundraising purposes. Please read this Media Consent Form carefully and indicate below your permission.

I hereby give Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford consent to use and reproduce my child's/youth's first name/image for promotion purposes related to Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford. My child's/youth's first name (unless otherwise authorized) image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or part by Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford. I release Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford and its agents from any and all claims, of any nature, based on any uses of the above.

- I Accept
- I Decline

Signature of Parent/Guardian

Date

PERMISSION IS GRANTED FOR MY CHILD TO VIEW MOVIES FROM TIME TO TIME AS PART OF THE PROGRAMMING.

YES _____ NO _____

Signature of Parent/Guardian

Date

I, do hereby represent that all statements and information made on all required enrolment forms are correct.

Signature of Parent/Guardian

Date



BOYS AND GIRLS CLUB OF BRANTFORD FUNDING DEVELOPMENT

I authorize the Boys and Girls Club of Brantford to include in their funding development database my name, address (home/email), telephone number and I am fully aware that this database is used to inform individuals of up-coming fund raising initiatives of the agency, solicit potential donors as part of an annual giving campaign and/or solicit funds as part of other funding development opportunities the agency may design/develop.

- Yes
- No

Signature of Parent/Guardian

Date