

Greenland Recreational After School Program

15 Greenland Rd, Toronto ON, M3C 1N1 Phone: 416 444 7427 Fax: 416 444 8019 Email: info@greenlandrecreational.com

Child's name _____ Birth date D/M/Y _____ Subsidy File # _____

Parent/ Guardian's name _____ Parent/ Guardian's name _____

E- Mail address: _____ E- Mail address: _____

Home address and postal code _____ Home address _____

Unit. Apt # _____ Postal code _____ Unit. Apt # _____ Postal code _____

Cell and home # _____ Cell and home # _____

Parent Work/School address & postal code _____ Parent Work/School address & postal code _____

Parent Work/School phone # _____ Parent Work/School phone # _____

Doctor's name _____ Phone# _____

Doctors Address: _____ Postal code _____

Does your child have any allergies? _____

Symptoms to look for with allergy? _____

Treatment for Allergy _____ EpiPen required? _____

FIRST PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN THE PARENT/GUARDIANS)

Name _____ Relationship to child _____ Day time Phone # _____

Day time address _____ Postal Code _____

OTHER AUTHORIZED PICK UPS

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian's signature: _____ Witness: _____ Date: _____

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MEDICATION

The Centre will administer only prescription medication as required. All medication must come in the original container with the prescription label. The Centre will document all medication on the appropriate consent form and parents/guardians must sign this medication form before the medication is administered to their child.

(MEDICAL RELEASE) PARENTS CONSENT FOR MEDICAL TREATMENT

In the event that a parent/guardian cannot be reached I, _____ give permission for a Greenland Recreational After School Program qualified staff member to secure any emergency medical treatment deemed necessary, for my child _____, by the attending physician at the hospital or medical treatment center. Treatment may include anesthetic and or blood transfusion. I also consent to emergency transportation of whatever type seen fit by the staff of the child care centre at the time of the incident. Transportation will be by ambulance, taxi or on rare occasion private vehicle driven by a licensed driver. Parents will be notified that their child has been taken to the hospital and updated as often as possible thereafter. (In cases where child abuse is suspected parents will be contacted as advised by a Children Aid Society worker.) **A copy of an updated immunization record must be attached to this form.**

Parent's/ Guardian's signature:

Date:

Witness:

General Health about your child or things to be aware of: _____

Is your child asthmatic? _____ Is your child using a puffer? _____

Date of last medical examination: (y/m/d) _____ Current weight: _____

At the present time is the child free of communicable diseases? _____

List previous history of any communicable diseases _____

Please describe special requirements for diet, rest or exercise, if applicable: _____

AUTHORIZATION FOR RECREATIONAL WATER PLAY

I, the parent/guardian of (child's name) _____ hereby give my consent for my child to participate in water play such as splash pads and kids town and swimming pools under the supervision and guidance of the Centre staff based on the Early Years and Child Care Act 2014 requirements.

Parent/Guardian's signature:

Witness:

Date:

AUTHORIZATION FOR THE USE OF HAND SANITIZER

I, the parent/guardian of (child's name) _____ hereby give my consent for my child to use hand sanitizer with 70% to 90% alcohol content as per Toronto Public Health requirements under the supervision and guidance of the Centre staff. Sanitizer will be used as long as hands are not visible soiled. Hand Sanitizer is not a replacement for washing hands. Rooms with running water should use taps, (water and soap) Portable to use Sanitizer daily in leu of lack of running water in the room.

Parent/Guardian's signature:

Witness:

Date:

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INITIAL PARENT/GUARDIAN INTERVIEW

Child Name: _____ Date Of Birth _____

Birthmarks: _____ Child's Disposition: _____

General information about eating habits or food restrictions: _____

Language(s) spoken at home: _____

Is your child talking, comprehending? _____

What method of discipline do you use in your home? _____

Does your child have any specific fears: _____

Reaction to fear: _____ How do you handle it: _____

What frustrates your child: _____

How do you deal with the frustrations: _____

CHILD'S SPECIAL NEEDS OR CULTURAL INTERESTS:

CHILD'S INTERESTS (activities, sports, hobbies etc.):

Arrival & Departure Procedure

I _____ always agree to accompany my child **to and from** GRASP classroom and notify staff verbally **upon arrival and departure**. I understand that is my responsibility to inform all pick up and drop off persons of this policy and ensure they make verbal contact with the staff. In the event that my child is not accompanied into GRASP facilities by an adult, I understand GRASP has no legal responsibility for the safe arrival of my named child. Failure to inform staff of arrival and departure may result in notifying the authorities. Children's arrival to GRASP from Greenland PS will be from the designated dismissal door of the school for each class. A GRASP staff member will await outside with all other pick up persons for children to be dismissed from school. If children are not in attendance at GRASP, parents must notify staff by 2:30 pm by email or call. I understand it is not the school responsibility to communicate with GRASP about my child's attendance.

Parent's/Guardian's signature:

Witness:

Date:

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DISCLOSURE OF INFORMATION POLICY

Consent for sharing information among professionals involved in a child's day enhances educational and family support. Consent for sharing information is a necessary legal and ethical practice and must be obtained in order to share any information. To provide quality care for children, there are times when it is appropriate for the Childcare Centre, the School, Toronto Children's Services to exchange information. The kind of information shared may include, but is not limited to, matters involving attendance, illness or transportation etc... I, _____ hereby consent to reciprocal exchange of information about my child between the Centre GRASP / School and/or Toronto Children's Services.

Parent/ Guardian's

Witness

Date

TRAVEL CONSENT PARENTS AUTHORIZATION

I, _____ the parent/guardian of (child's name) _____ hereby give consent for my child to leave the premises of GRASP under the qualified staff's supervision to participate in daily outings, trips to parks, playgrounds, school and libraries that can be reached without public or other motorized transportation. This may occur from time to time with or without prior notice and shall be deemed normal daily activity. I understand that notices will be sent home with consent forms for special trips and events, which involve public or other motorized transportation, swimming off premises.

I further understand, the child care center program plans age appropriate activities in order to keep the children engaged and from time to time may engage in some age appropriate risky play activities as promoted in childhood development.

In order to fully appreciate the program and give all the children the equal opportunity to participate in the plan activities, it is expected and highly recommended all children be in care no later than 9:30 am on non-instructional days such as PA day and summer camp. Any community outing or walks will not depart prior to 9:30 am. Once the group leaves the center for a walk, community outing or field trip staff is not permitted, under any circumstances, to release or accept your child. You must drop off or pick up your child before or after the outing on Greenland property. Children will only be accepted in their designated classes for ratio and safety purposes.

Parent/ Guardian's / signature:

Witness:

Date:

PHOTOGRAPH / MEDIA RELEASE

I, _____, hereby grant Greenland After School Recreational Program ("GRASP" or the "Centre") the right to reproduce, use, exhibit, copy, distribute, display, and broadcast photographed or electronic images and/or audio-video recordings (collectively, "Images") of my child for use in connection with GRASP activities or for promoting, publicizing or explaining GRASP and/or its activities.

This permission includes, without limitation, the right to display the Images in the Centre, distribute the Images to other parents of children at the Centre via email, and to publish such Images on the GRASP website, Instagram account, and in promotional materials such as brochures, newsletters and/or any other Centre-related publication.

I acknowledge that my child/ren was not paid to appear in these photographed or electronic images and/or audio-video recordings and neither my child, nor I will receive any royalties, fees, or other compensation for the use of these Images now or in the future. (check one)

- I have read, understood, and agree to the above Release.
- I disagree with the above release form and I do not give permission to GRASP to distribute Images to other parents of children at the Centre via email, and to publish such Images on the GRASP website, Instagram account, and in promotional materials such as brochures, newsletters and/or any other Center-related publication. I do give permission to display the Images in the Centre and to be used for internal projects

Parent/Guardian's signature:

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SAFE ARRIVAL AND DISMISSAL Acknowledgement

This policy and the procedures within help support the safe arrival and dismissal of children receiving care. This policy will provide staff, students and volunteers with a clear understanding of their roles and responsibilities for ensuring the safe arrival and dismissal of children receiving care, including what steps are to be taken when a child does not arrive at the child care centre as expected, as well as steps to follow to ensure the safe dismissal of children. This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding the safe arrival and dismissal of children in care.

Please note that this policy requires parents to call and inform the childcare by 10am if their child/ren is going to be absent from childcare and/or school.

Acknowledgement for children who attend school:

I acknowledge that my child may NOT attend childcare for the before school program on a daily basis and may be dropped off directly at school.

PARENT SIGNATURE: _____ DATE: _____

Sun & Safety Policy

Sunscreen:

GRASP will provide the sunscreen for the summer months. The brand we use is NO-AD and is SPF 30- 45.

To ensure we are providing a healthy and safe environment for our children and educators, we are requesting all sunscreens provided are cream based, rather than aerosol. The application of aerosol sunscreens can be inconsistent, providing less protection for your child with and more opportunity for uneven coverage. These sprays can also trigger respiratory irritation for those with scent sensitivities. Other health and safety issues consists of overstay, misuse and miss directed sprayers. Thank you for your ongoing support and understanding.

We will be applying sunscreen prior to going outside before and after every water play time.

Staff will supervise the application of sunscreen and assist when necessary.

Should parents wish to provide their own sunscreen, a labeled bottle with their child's name on it must be supplied. Their child is the only one who will be permitted to use this sunscreen. Cream only sunscreen please

Shade:

The play area has a combination of natural and artificial shade located close to the portable.

Smog Alerts:

During smog alerts children will have limited outdoor play and increased indoor/air conditioned play. Field trips may be postponed or canceled as necessary should the smog alert remain in effect for extended periods of time.

- I permit the GRASP staff to provide sunscreen for my child
- I will provide the sunscreen for my child.
- GRASP may assist my child in the application of sunscreen if necessary.

By signing below I understand I must send my child with a **water bottle** and hat to school each day during the months of July and August.

Parent Signature: _____ Date _____