

2022 Summer Children's Program Registration

N'Bisiing Anishinabek
Nbisiing Anishnaabens Chiikewin
Nipissing First Nation
Summer Children's Program
Program Contact: Jessica Commanda @ 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 20, 2022 by **4:30 pm**
Email: jessicac@nfn.ca

Child's Personal Information

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

Address: _____

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

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

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

Alternate Emergency Contact #1:

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

Alternate Emergency Contact #2

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

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 # _____

Please indicate which two weeks you are looking to sign up for by placing a number 1 or 2 in the space provided. Please do not choose more than 2 weeks. We will be in touch if your weeks are filled/no longer available.

___ Week #1 July 4 - 8

___ Week #3 July 18 - 22

___ Week #5 August 2 - 5 (4 days)

___ Week #2 July 11 - 15

___ Week #4 July 25 - July 29

___ Week #6 August 8 - 12

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 Yes No Puffers Yes No

Epilepsy Yes No

Other Seizure disorder Yes 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 (child/self or adult in program)? _____

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, staff realize that each child and each need is unique. A child with visual impairments has different needs than a child with behavioural challenges. This information will inform us of the needs of the child. We may reach out with additional questions on to aid in accommodating your child.

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

ADD/ADHD

Autism

Anxiety

ODD (Oppositional defiant disorder)

CD (Conduct Disorder)

Other, please explain: _____

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

Privacy of Personal Information collected in the 2022 SCP Registration.

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

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 indemnity, 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: _____



NFN COVID-19 Vaccination Status Disclosure Form

NFN SUMMER CHILDREN'S PROGRAM

Version 1.0 – June 7, 2022

Getting a COVID-19 vaccine is an encouraged public health practice to reduce the risk of getting and spreading COVID-19. COVID-19 vaccines are available to children age 5 years and over. Being vaccinated against COVID-19 is not required to participate in the NFN Summer Children's Program however, knowing the vaccination status of participants is necessary to inform/manage potential COVID-19 situations. Please complete this form and the registration form at the same time as a complete registration package, to ensure we have all information to confirm your child's spot.

Last Name	First Name	Date of Birth: _____/_____/_____ Month Day Year
<p>Please read and check all that apply:</p> <p><input type="checkbox"/> I have attached proof of my child's COVID-19 vaccination status with this form.</p> <p><input type="checkbox"/> I am providing medical documentation from a physician or nurse practitioner that provides a medical reason for exemption from a COVID-19 vaccine for my child and includes the time period for which this is in effect.</p> <p><input type="checkbox"/> I am consenting that NFN Health Services access my child's health records to obtain proof of vaccination status including my child's record contained in Mustimuhw Information System (cEMR) and the provincial COVax System. My child's health card number is provided for this purpose. Health Card #: ----- _____</p> <p><input type="checkbox"/> I am not able to provide proof of vaccination status against COVID-19 for my child and understand my child will be managed as an unvaccinated individual.</p> <p><input type="checkbox"/> I am interested in my child getting vaccinated against COVID-19 and would like the NFN Community Health Nurse to contact me.</p>		
_____ Parent's Name (Printed)	_____ Parent's Contact Phone Number	
_____ Parent's Signature	_____ Date (Month/Date/Year)	