



## SUMMER CHILDREN'S PROGRAM REGISTRATION 2024

**For Office Use Only**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**Program Contact:**

Jessica Commanda @ (705) 753-2050

Send completed forms to [scp@nfn.ca](mailto:scp@nfn.ca)  
 OR drop off at the Education Department to  
 Kelsey McNeill or Front Desk of the Band Office.

**All forms are due by :**

**Friday June 21, 2024 by 4:30pm.**

### CHILD IDENTIFICATION

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Status First Nation:      Yes      No                      Status Card #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Will your child require transportation?    Yes    No    If yes, from which community? \_\_\_\_\_

### PARENT INFORMATION

Full Legal Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

### EMERGENCY CONTACTS

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted in order of preference. **Be sure to include someone who will usually know your whereabouts.**

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name: _____	Full Legal Name: _____	Full Legal Name: _____
Primary Phone Number: _____	Primary Phone Number: _____	Primary Phone Number: _____
Alternate Phone Number: _____	Alternate Phone Number: _____	Alternate Phone Number: _____
Authorized to pick up child	Authorized to pick up child	Authorized to pick up child

### PICK UP AUTHORIZATION

Will someone other than yourself (parent/guardian) be picking up your child?      Yes      No

The following individual is authorized to pick up my child: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Will your child be going home for lunch?	Yes	No
Will your child be staying for lunch?	Yes	No
Will your child be picked up after the program?	Yes	No
<u>OR</u> will your child be allowed to walk home?	Yes	No

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**HEALTH INFORMATION**

Health Card Number (in case of emergency):

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Asthma	Yes	No	Do they require Puffers?	Yes	No
Epilepsy	Yes	No	Other Seizure Disorder	Yes	No

If yes, please explain: \_\_\_\_\_

Allergies? Yes No

If yes, please explain: \_\_\_\_\_

Does your child require an Epi-Pen? Yes No

If yes, is the Epi-Pen to be stored/carried? Where? \_\_\_\_\_

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**MEDICATION**

Will your child be required to bring medication(s) to the Summer Program? Yes No

If yes, name of the medication(s): \_\_\_\_\_

Who will administer the medication (child or adult in program)? \_\_\_\_\_

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

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**Recognizing Each Child's Uniqueness**

We acknowledge that each child is unique. For instance, a child with visual impairments requires different supports than a child with behavioural challenges. This insight will guide us in customizing our approach to suit the individual needs of everyone. If needed, we may inquire further to ensure optimal accommodation for your child.

Does your child receive any additional assistance during the school year for any of the following:

ADD/ADHD	ODD (Oppositional Defiant Disorder)
Autism	CD (Conduct Disorder)
Anxiety	Other, please explain: _____

Does your child require support for educational needs, please explain: \_\_\_\_\_

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



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### Privacy of Personal Information collected in the 2024 Registration.

The personal information provided to us 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 the Nipissing First Nation Children's Summer Program, 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 NFN Children's Summer Program activities

I understand and assume responsibility for all risks to my child in connection with their participation in activities. I understand there is a possibility of personal risk, damage, or injury.

To waive, release and discharge Nipissing First Nation, 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 the 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 may be used to update the community in the Nipissing First Nation Newsletter / Annual Report and may be used on social media such as NFN Facebook, twitter, etc.

Signature of Parent/Guardian:

Date:

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Date: