



Nipissing First Nation
Early Childhood Education

Summer Children's Program 2025 Program Application

For Office Use Only

Date Received: _____

Time Received: _____

Please ensure all information is filled out
and all boxes are checked.

Program Contact:

Jessica Commanda @ (705) 753-2050

Send Registrations to: scp@nfn.ca

CHILD IDENTIFICATION

Full Legal Name: _____ Preferred Name: _____

Date of Birth (dd/mm/yyyy): _____ Age: _____

Status First Nation: ☐ Yes ☐ No Status Card #: _____

Home Address: _____

PARENT INFORMATION

Full Legal Name: _____ Primary Phone Number: _____

Cell Phone Number: _____ Email: _____

Occupation: _____ Hours: _____

Full Legal Name: _____ Primary Phone Number: _____

Cell Phone Number: _____ Email: _____

Occupation: _____ Hours: _____

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: _____
<input type="checkbox"/> Authorized to pick up child	<input type="checkbox"/> Authorized to pick up child	<input type="checkbox"/> 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

OR will your child be allowed to walk home? ☐ Yes ☐ No

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? _____

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? _____

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:

- | | |
|-----------------------------------|--|
| <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: _____ |



Nipissing First Nation
Early Childhood Education

Summer Children's Program 2025 Program Application

Recognizing Each Child's Uniqueness continued...

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

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 all liability to any individual, including my child.
- ☐ Further, I agree that the NFN Summer Program Coordinator can 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. (ONLY if provided by parents, by no means will any child be permitted to take medication without authorization.)
- ☐ 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: