



**Binoojiinhsag Kwajiin Kinoomaagewin**  
Children's Outdoor Teaching  
**2026 Program Application**

**For Office Use Only**

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

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

**Program Contacts:**

Jessica Commanda

Stephanie Gunner

Tel: (705) 753-2050

Email: [scp@nfn.ca](mailto:scp@nfn.ca)

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

**CHILD IDENTIFICATION**

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

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

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

Or by affiliate: \_\_\_\_\_

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: \_\_\_\_\_

**CUSTODY ARRANGEMENTS**

If there are any custody arrangements, we should be aware of, please indicate them below. If none apply, you may proceed to the next page.

If parents are separated, are there specific arrangements made?  Yes  No

Are there any individuals that cannot access/pick up your child?  Yes  No

List all names of individuals who **ARE NOT** to have access and/or pick up your child:

\_\_\_\_\_



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**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: _____
Relationship: _____	Relationship: _____	Relationship: _____
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(s) are 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

Will your child be taking the bus after the program?  Yes  No

Which location will they be dropped off from?  
 Duchesnay (Couchie Memorial Child Care)  
 Yellek (How Convenient)  
 Jocko Point (Gen7)

**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:

Condition	Yes	No	Details
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
ADHD / ADD	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
Diet Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**\*\*NOTE: If your child requires a puffer for asthma or an EpiPen for anaphylaxis, the information below must be completed.**



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**MEDICATION**

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

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

OR does your child require a puffer or EpiPen?  Puffer  Epi-Pen  N/A

When is your child required to take the above medication(s)? \_\_\_\_\_

Who will administer the medication(s) \_\_\_\_\_

Is there any additional information you feel we should know? \_\_\_\_\_

\_\_\_\_\_

**If your child requires emergency medication, such as a Puffer/EpiPen, it must be brought to the program each day to ensure it is always available. If you can provide an extra puffer or EpiPen, we can keep it at the program for the duration of their attendance and return it to you at the end.**

**Recognizing Each Child's Individual Needs**

We recognize that each child has unique strengths, abilities, and support needs. Some children may require specific accommodations or additional support to fully participate and be successful in the program. Understanding your child's individual needs allows us to better prepare and provide an inclusive, supportive environment.

If applicable, we may request additional information to ensure appropriate accommodations and supports can be put in place for your child.

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

Condition	Yes	No	Details
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Autism	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory Processing	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing / Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

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

\_\_\_\_\_

**Your privacy of personal information collected in the 2026 Registration.**

The personal information provided to us by you will be treated with a high level of confidentiality.

*Chi-miigwech for filling out the application for the program! We will be sure to reach out by Mid-June!*



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**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):**

- Participation for my child to participate in the NFN Binoojiinyag Kwajiin Kinoomaagewin Program activities.
- I understand and assume responsibility for all risks associated with my child's participation in activities. I acknowledge that there is a possibility of person risk, damage, or injury, particularly if my child does not follow program rules or instructions.
- I waive, release, and discharge Nipissing First Nation, its agents, and employees from any liability, claims, or demands arising from my child's participation in the program.
- In the event of a medical emergency, if I and the listed emergency contacts cannot be reached, I authorize staff to contact emergency services (911). I understand a staff member may accompany my child to receive medical care and that efforts to contact me will continue.
- I confirm that all medical, allergy, and health information provided for my child is complete and accurate. I understand that missing or incorrect information may place my child at risk.
- I authorize the administration of medication to my child only if provided by me, with written authorization and prescription instructions. No medication will be given without parental consent.
- I understand that Nipissing Bus Lines provides daily transportation to and from the program. I accept the risks of transportation and understand that Nipissing Bus Lines is not responsible for my child's behaviour. I acknowledge that failure to follow the Code of Conduct or driver instructions may result in loss of bus privileges for the remainder of the summer.
- I agree that photographs of my child may be used in the Nipissing First Nation Community Report, Newsletter, Annual Report, and on NFN Facebook social media only.
- I understand that all personal and medical information will be kept confidential and shared only with parents/guardians or when required to protect the safety and well-being of a child, including reports to authorities when legally required.

Signature of Parent/Guardian:

Date:

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

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

\_\_\_\_\_

\_\_\_\_\_