



# SQ'EWQÉYL FIRST NATION

#304 10-7201 Vedder Road  
Chilliwack, BC V2R 4G5  
Phone: 604-824-5302  
Fax: 604-858-2716  
Email: [manager@skowkalefn.com](mailto:manager@skowkalefn.com)

[www.skowkalefn.com](http://www.skowkalefn.com)

## 2018 AFTERSCHOOL PROGRAM REGISTRATION

*Please ensure all areas are filled out completely*

### A. CHILD INFORMATION

<b>Child's Name</b>	<b>M/F</b>	<b>Birthdate: MM/DD/YY</b>	<b>Status Number</b>
<b>Home Address:</b> _____	<b>Care Card Number:</b> _____		
<b>Parent Contact</b>	<b>Parent Contact</b>		
<b>Email:</b> _____	<b>Email:</b> _____		
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____		
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____		
<b>Name of School Child</b>	<b>School Phone:</b>		
<b>Attends</b>			
<b>Teacher's Name:</b> _____			
<b>Legal Custody Agreement between parents</b>	<b>YES</b>	<b>NO</b>	(Please Circle One)

If yes, please attach legal documentation,  
**\*\*PLEASE BE AWARE THAT WE DO NOT HAVE LEGAL AUTHORITY TO DENY ACCESS OF A CHILD TO ANY PARENT UNLESS COURT ORDER OR RESTRAINING ORDER SHOULD INDICATE THIS\*\***

### B. MEDICAL INFORMATION

**Allergies:** \_\_\_\_\_ (Please fill out care plan if any allergies)

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ **Dentist Phone:** \_\_\_\_\_

I authorize the staff of Skowkale First Nation Youth Program to call a doctor or ambulance in the case of an accident or illness for my child, if the parent/guardian cannot immediately be reached. If an emergency occurs during field trips, I give permission for my child to be transported to the hospital.

**Initial:** \_\_\_\_\_

Other information we should know about child. (Special diet, speech, language, vision, hearing, etc.)

If there are any of these, please fill out a care plan.

**Initial:** \_\_\_\_\_

**Immunization History:** (please attach a copy of immunization records)

Are Child's immunizations up to date? 

YES	NO	Not Immunized
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 (Please check one)

If No, please explain: \_\_\_\_\_

Please note that if child is not immunized and should the program have an outbreak, your child will be sent home for safety

**C. BEHAVIOR, LIABILITY & CONSENT**

**FIELD TRIPS:** I give permission for my child to be transported by Skowkale First Nation bus, Skowkale First Nation vehicles, and/or charter bus to participate in field trips organized by the Skowkale First Nation Youth Program.

Initial: \_\_\_\_\_

**LIABILITY INSURANCE:** Provided by Skowkale First Nation; participation in programmed sports and activities involves a risk of injuries associated with participation. Your child's participation will be deemed to indicate your acceptance of such risks.

Initial: \_\_\_\_\_

**PHOTOGRAPHIC RELEASE:** I give consent and authorize Skowkale First Nation to use and reproduce photographs taken of my child and to circulate for advertising or publicity purposes of every description.

YES	NO
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Initial: \_\_\_\_\_

**BEHAVIOR:** Staff are asked to document incidents relating to disruptive or unacceptable behavior of any child. After three infractions, parents will be informed with the expectation that the child will be spoken to at home. If the behavior problem continues, Skowkale First Nation reserves the right to transfer responsibility of the child back to the parents. Removal of a child from the Skowkale Youth Program would only occur in extenuating circumstances (hitting, swearing, chronic disruption, etc.)

Initial: \_\_\_\_\_

**D. CHILD RELEASE INFORMATION**

**Children will not be allowed to leave the premises on their own without written permission from their parent or guardian.**

My child is allowed to walk and/or bike home everyday after the program ends. (Please note that this means your child will be walking home without a phone call to you) Please check one:

YES	NO
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Initial: \_\_\_\_\_

My child is allowed to walk from the school bus, Skowkale First Nation bus, and or parent/guardian/ authorized person's vehicle into the building in which the Skowkale Youth Program is housed in, without parent/guardian present. My child is allowed to walk from the Skowkale Youth Program building to the area of pick-up/ drop-off. Please check one: (If "no", child must be walked in/out by a parent/guardian.)

YES	NO
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Initial: \_\_\_\_\_

**Emergency Contacts & Authorized to Pick-up** (Other than parents/guardians that are already available in case of emergency)

Name	Relationship to Child	Cell Phone	Home Phone

Children will not be released to any individual unless we have parent/guardian permission. Parent/guardian signature required, we cannot release child upon a phone call. If more room is needed, please attach a separate sheet. Please note that we cannot release child upon to someone who is not on the list from a phone call. Children will not be released to anyone under the age of 18 without written consent from the parent/guardian.

**E. CHILD HISTORY**

Other children at home: \_\_\_\_\_  
Favorite activities: \_\_\_\_\_  
Food dislikes: \_\_\_\_\_  
Previous experiences away from home: \_\_\_\_\_  
Significant events in the past that may affect his/her behavior: \_\_\_\_\_

**Is your child prone to any of the following?** Please circle one per questions. If yes, please explain

Ear/Nose/Throat Infections:	YES	NO
Urinary Tract Infections:	YES	NO
Bleeding Nose:	YES	NO
Skin Problems:	YES	NO
Seizures:	YES	NO
Other medical conditions:	YES	NO
Emotional Problems:	YES	NO
Behavior Problems:	YES	NO
Learning Disabilities	YES	NO

Other comments: \_\_\_\_\_

**F. MOSQUITO REPELLANT/SUN BLOCK PERMISSION**

I give permission for Skowkale First Nation Youth Program staff to apply the following products to my child:

<input type="checkbox"/>	Mosquito Repellant (in season only)
<input type="checkbox"/>	Sun Block/Sun Screen on sunny days
<input type="checkbox"/>	Do not apply any of these products to my child. I take full responsibility of any Potential risk during exposure to sun and mosquitoes

Initial: \_\_\_\_\_

**G. METHOD OF CONTACT**

I give permission to Skowkale Youth Program staff to send me reminder texts (activities, themes, closures, field trips, hours, etc.) and keep me updated throughout the program. Please check those that apply:

Mother/Guardian cell phone       Father/Guardian cell phone       Do not send any texts

**I, as a parent/guardian of this child, agree that all the above information is correct to my knowledge. If any of the above information changes, I will notify Skowkale First Nation Youth Program staff immediately**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*\*\* Please note that we require all sections to be filled out completely before we can register your child and have them attend our program. All additional forms need to be submitted prior to first attendance. \*\**

**OFFICE USE ONLY:**

All area on form completed fully and correctly:	YES	NO	Photo Attached:	YES	NO
Additional Forms included:	YES	NO	Details:		
Immunization Records Attached:	YES	NO	Details:		
Registered:	YES	NO	Waitlisted:	YES	NO
Date Registered:			Registered by:		Position: