



SQ'EWQÉYL FIRST NATION

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2020-21 SQ'EWQÉYL ME TELE:XW AFTERSCHOOL PROGRAM REGISTRATION

Please ensure all areas are filled out completely

1. CHILD INFORMATION

Child's Name	M/F	Birthdate: MM/DD/YY
Status Number:	Care Card Number:	
Address:		
Parent Contact 1:		
Email:	Cell:	
Work:	Other:	
Parent Contact 2:		
Email:	Cell:	
Work:	Other:	
Name of School:	Teacher:	

Legal Custody Agreement between parents? YES NO (Please choose 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****

2. MEDICAL INFORMATION / HISTORY

Allergies:

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

(Please fill out R.E.A.C.T. care plan if YES)

I authorize the staff of Sq'ewqeyl Me Tele:xw Afterschool 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.

Name:

Signature:

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

Are Child's immunizations up to date? YES NO Not Immunized (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

I authorize the staff of Sq'ewqeyl Me Tele:xw Afterschool Program to request a copy of my child's immunization records from St:olo Service Agency – Health Department

Name:

Signature:

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:

3. BEHAVIOR, LIABILITY & CONSENT

LIABILITY INSURANCE: Provided by Sq'ewqeyl 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.

Name:

Signature:

PHOTOGRAPHIC RELEASE: I give consent and authorize Sq'ewqeyl First Nation to use and reproduce photographs taken of my child and to circulate for funder reporting, advertising or publicity purposes.

Name:

Signature:

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, Sq'ewqeyl Me Tele:xw Afterschool Program reserves the right to transfer responsibility of the child back to the parents. Removal of a child from Afterschool Program would only occur in extenuating circumstances (hitting, swearing, chronic disruption, etc.)

Name:

Signature:

4. 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

Initial:

5. 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
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Children will not be released to any individual unless we have parent/guardian permission. (ABOVE)

6. MOSQUITO REPELLANT/SUN BLOCK PERMISSION

I give permission for Sq'ewqeyl Me Tele:xw Afterschool Program staff to apply the following products to my child:

YES NO Mosquito Repellant (in season only)

YES NO Sun Block/Sun Screen on sunny days

Do not apply any of these products to my child. I take full responsibility of any Potential risk during exposure to sun and mosquitoes

Name:

Signature:

7. HEALTH AND ILLNESS PROTOCOL FOR COVID-19

NOTICE: Children who are ill must not attend MTAP.

Children must not attend at MTAP if you or anyone that comes into contact with your child has any COVID-19 symptoms.

To manage the risk of spreading illness, MTAP has made adjustments to its operations to assist with efforts to prevent the spread of COVID-19.

All children must be screened DAILY. Parents/guardians will report any symptoms to staff during the active screening process or during the self-assessment for children attending school. Parents/guardians are required to check household members for symptoms and take the temperature of children daily prior to the child attending MTAP. On-site temperature checks may be conducted by MTAP staff. In addition to daily active screening, all children will be monitored for emerging signs or symptoms of illness, while in MTAP care.

COVID-19 screening results, including contact information, collected by MTAP during the screening process, may be provided to the local public health unit, to help manage and reduce the risk of spreading the COVID-19 virus at MTAP.

As a Parent/Guardian, you can prevent the spread of illness by keeping your child(ren) home if you, your child(ren), or anyone that comes into contact with you or your child(ren) experience or are observed to be experiencing any of the following signs or symptoms (the "Symptoms"):

- A temperature at or above 37.8 degrees Celsius (100 degrees Fahrenheit)
- New or worsening cough or shortness of breath
- Lethargy (lack of energy) or difficulty feeding (if an infant and no other diagnosis)
- Any of the following symptoms:
 - Sore throat
 - Difficulty swallowing
 - Pink eye (conjunctivitis)
 - Chills
 - Rash (in children)
 - Headaches
 - Unexplained fatigue/malaise/ muscle aches
 - Abdominal pain
 - Diarrhea
 - Nausea/vomiting
 - Decrease or loss of sense of taste or smell
 - Runny nose without other known cause
 - Nasal congestion without other known cause

*Respiratory infection resulting in barking cough and difficulty breathing

If your child experiences any Symptoms while at MTAP, MTAP staff will contact you or one of your emergency contacts to pick up your child **immediately**. If there are siblings attending MTAP at that time, they will also be required to be picked up at that time (regardless of whether they are showing Symptoms). While your child(ren) waits for you or your designate to arrive, s/he will be separated from the other children.

Any member of your child's household who is experiencing Symptoms should be tested for COVID-19 before your child can return to MTAP. MTAP will provide the parent/guardian with contact information of the local public health unit. **Children with Symptoms must be excluded from MTAP and self-isolate for 14 days after the onset of Symptoms (unless tested negative). This exclusion will also apply to children exposed to a confirmed case of COVID-19 or to symptomatic person(s) from the date of their last exposure.**

As a Parent/Guardian responsible for my child's childcare placement, I agree to the following:

I agree to continuously monitor and exclude my child from PLASP **IMMEDIATELY UPON OBSERVING OR BECOMING AWARE** that I, my child, or anyone that comes into contact with my child experiences any of the Symptoms. I agree to take the temperature of my child daily prior to drop off at PLASP child care or PLASP's before/after school program.

I agree that if my child experiences any of the Symptoms or comes into contact with anyone who has Symptoms, has tested positive for COVID-19 or is under investigation for COVID-19, I will exclude my child from PLASP and will not return him/her or any of my children to PLASP until medically deemed able to return to PLASP. I further agree to report all such incident(s) to PLASP and provide proof of medical confirmation as required by PLASP to permit my child's return to PLASP.

Neither my child, anyone in my child's household, nor anyone with whom a member of my child's household has been in close contact has traveled to or had a layover in any country outside Canada in the past 14 days. If such return from

travel occurs after submitting this form, I will immediately exclude my child from PLASP, and my child will not attend PLASP until a minimum period of 14 days has passed after the date of return to Canada.

Note: close contact includes living with, providing care, or otherwise having close prolonged contact (within 2 meters) with another person.

I understand that PLASP may be required to collect, store, and disclose personal health information obtained in the DAILY screenings (including any COVID-19 test results) from me or my designate to support contract-tracing efforts, prevent the spread of COVID-19, or for its own record keeping purposes.

I have read and understood the Health And Illness Protocol For Covid-19. I confirm that this agreement shall remain in place until such time as it is revoked, in writing, by Sq'ewqéyl MTAP.

Name:

Signature:

8. ATTENDANCE

My child will be attending Sq'ewqéyl Me Tele:xw Afterschool Program on:

MONDAY

TUESDAY

Wednesday

Thursday

FRIDAY

I Understand that there is a \$ 5.00/ per day charge

YES

NO

Initial:

Please see refund policy for more information

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 Sq'ewqéyl Me Tele:xw Afterschool 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: