

# **Chief Joe Mathias Centre After School Program**

**September 9th - December 12, 2019**

**&**

**January 6th - June 18th, 2020**

**\*\*Ages 5-7 will be on Monday & Tuesday only**

**\*\*Ages 8-10 will be on Wednesday & Thursday only**

**IMPORTANT: Space is limited and Registration is required.**

**You will be notified if your child/ren is registered.**

**Registration (Due September 5, 2019 @4:30PM)**

**Note: No pick-up's available; however, drop offs will be provided, starting at 5pm.**

**CONTACT US AT: (604) 980-6338 OR  
REC@SQUAMISH.NET**

**100 CAPILANO RD, NORTH VANCOUVER BC  
V7P1A8**





# After School Program Registration Form 2019/20

Submit Registration Form:

- Drop Off at CJMC - Attn: Ianna Lewis
- E-mail: [Rec@squamish.net](mailto:Rec@squamish.net)
- Fax: 604-980-8277

Please fill out form completely – Print Clearly	
<b><u>Childs Full Name:</u></b>	
<b><u>Squamish Band Number:</u></b>	
<b><u>Drop-Off Address</u></b>	<b><u>Birth Date (D/M/YEAR):</u></b>
<b><u>Age Group *(Circle One only): **NOTE: Each age group attends two days each week.</u></b> 5 – 7 yrs. (Mon & Tues)      OR      8 – 10 yrs. (Wed & Thurs)	
<b><u>Parent/Guardian(s) Name:</u></b>	<b><u>Parent/Guardian Email Address</u></b>
<b><u>Home Phone:</u></b>	<b><u>Cell Phone:</u></b>
<b><u>Emergency Contact Name:</u></b>	<b><u>Emergency Contact Numbers:</u></b>
<b><u>Doctor Name:</u></b>	<b><u>Doctor Number:</u></b>
<b><u>BC Medical Number:</u></b>	
<b><u>ALLERGIES/MEDICAL CONDITONS:</u></b> <small>(DOES CHILD CARRY EPI PEN OR ANY MEDICATION? IF YES, PLEASE PROVIDE MORE INFORMATION)</small>	

I, \_\_\_\_\_ give my son/daughter \_\_\_\_\_ permission to attend the After School Program.  
 Parent/Guardian Signature: \_\_\_\_\_



## After School Program 3 Strike Rules and Attendance

\*Please review + sign this document with your child/ren.

- 1) **The After School Program 3 Strike Rule:** Is a policy that we use to help us all to remain accountable for our actions and teaches children the benefits of being respectful and responsible. It is crucial that each child has a positive experience.

How does it work?

- **1 Strike:** Child is asked to sit out, the strike will be recorded and the parent/guardian will be notified by phone call and email.
- **2 Strike:** Parent/guardian will be asked to pick up their child from ASP for the day and will be suspended for the remainder of the week.
- **3 Strike:** The child will be removed from the program.

The decision for suspension and/or removal of the program based on:

- Talking back to CJMC staff, not listening
- Not cleaning up after yourself, food fights
- Hitting, swearing, bullying
- Inappropriate touching, Inappropriate language/songs
- Playing in off limits locations

Other rules:

- CJMC office off limits
- No playing in the washroom or lobby area
- All food must be eaten in the side room

- 2) **Attendance:** Note, more than 5 un-reported absences will result in the child being removed from the program. This is due to the lengthy waitlist of other children who wish to attend the program.

All incidents will be documented by Staff using the Incident Report Form

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Child signature: \_\_\_\_\_



**Release Form for Media Recording  
Squamish Nation**

I hereby consent and agree that the Squamish Nation, and their agents and employees, have the right to photograph, videotape, or digitally recording me (the "Recording") and to use the Recording in any and all media, now or hereafter known.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Squamish Nation, their agents and employees, all rights in the Recording including the right to use the Recording in print and electronic form publicly or privately, and to market and sell copies of the Recording itself or the media that will include the Recording. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that the Recording may be used in a variety of promotional materials, including, but not limited to: newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the Squamish Nation is not responsible for any expense or liability incurred as a result of my participation in the Recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understood the foregoing statement, and am competent to execute this agreement (or)

I am the parent/guardian of the subject whose name appears above and I consent to these conditions.

Name: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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

