



Let's Get Moving After School Program 2019/2020 Registration Information

Let's Get Moving is a registered program for children in grades 1 to 6 that focuses on physical activity, nutrition, personal health and well-being. The program runs Monday - Friday for two hours after the dismissal bell. A nutritious snack is provided each day. The program operates at a 1:15 ratio (staff to participants), thus does not provide one to one support.

2019/2020 Registration begins June 1, 2019 and ends June 15, 2019

Program Start date: September 4, 2019

Program End date: June 27, 2020

Program Benefits:

- Provision of a safe supportive place where children can experience new opportunities and overcome barriers
- Promotion of healthy active living and physical literacy
- Provides an inclusive forum for children to build new relationships
- Development of leadership skills and independence in children/youth

Program Guidelines:

Staff are required to follow the Ministry of Tourism, Culture, and Sport (MTCS) after school program guidelines which state that the program must be:

- 30% Physical Activity
- 20% Healthy Food and Nutrition
- 20% Wellness and Personal Health
- 30% Community Needs

Program Requirements:

- Children must attend the program at least 3 days a week
- Children must come prepared to engage in physical activity
- Children are expected to participate in activities
- Parents must pick up their child/children on time
- Parents must inform the staff if their child is going to be absent from program
- Children are required to be signed out daily as they are picked up by an authorized person

Payment Information:

- **Cost:** \$20.00/month per registered child (includes one year membership to BGCH)
- Payment options include pre-authorized debit, cash, debit or credit



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- Cash, debit and credit payments will only be accepted at Boys & Girls Clubs of Hamilton (45 Ellis Ave)
- Pre-authorized payments will be withdrawn on the 30th of each month
- Payments must be made prior to the start of program
- Subsidy is available, please email heather@kboysandgirlsclub.com for more information

Registration:

Please fill out this form and return it to the school office or Boys & Girls Clubs of Hamilton (45 Ellis Ave.). Parents/Guardians of children who have made it into the program will be contacted by email by the end of August for confirmation of registration. All additional children will be put on a waiting list.

For more information please contact:

Heather Steeves

Program Supervisor

heather@kboysandgirlsclub.com



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Let's Get Moving Program Registration Form

This form needs to be completed **before your child starts their first session.**

Child's Name: _____

Date of Birth: _____ Gender: _____ Age: _____

School: _____ Grade (as of September 2019): _____

Address: _____

Parent/Guardian's Name: _____

Home Phone Number: _____ Cell: _____

Email: _____

PHOTOGRAPHY/ MEDIA RELEASE

I _____ I hereby give permission for photographs and video to be taken of my child to be used for the Boys and Girls Club website/program brochure/e-newsletter/social media/advertising and other promotional material for Boys and Girls Clubs of Hamilton. I also give permission to the Boys and Girls Club of Hamilton to share photographs and videos of my child with community partners and funders.

Parent/Guardian Signature

Date



PERSONAL HEALTH INFORMATION

Family Doctor's Name: _____

Family Doctor's Telephone: _____

Known Allergies: _____

Does your child require an epi-pen or inhaler? _____

If yes, please specify: _____

If your child requires an epi-pen or inhaler, they must bring it to program each day in order to participate.

Does your child have any other medical conditions or require any medications that may impact their participation in the after school physical activity program?

- No
- Yes

If yes, please provide details: _____

Does your child have additional needs that may require extra support in program?

- No
- Yes

If yes, please provide details: _____

EMERGENCY CARE

*Emergency contacts are required to be 16 years of age or older. Emergency contacts **must not be parents or guardians**, need to be available to be reached by phone and have the ability to pick up children during program time.*

Please provide two emergency contacts:



Contact #1: Full Name/Relation to Child: _____

Phone Number: _____

Contact #2: Full Name/ Relation to Child: _____

Phone Number: _____

I hereby grant permission to the Boys and Girls Clubs of Hamilton and/or its representatives and/or the school to transport my child to a local doctor or hospital for medical treatment if, in their judgment, such treatment is prudent.

Parent/Guardian Signature

Date

CODE OF CONDUCT

The Let's Get Moving After-School program strives to provide a safe, inclusive, supportive space where participants can experience new opportunities, build positive relationships, and develop confidence and skills. To ensure individuals are able to participate in a positive, respectful environment, participants and parents/guardians are asked to abide by a Code of Conduct. The Code of Conduct applies to participants, staff, students, and volunteers within the Let's Get Moving Program. The Code of Conduct is as follows:

- 1) Treat one another with dignity and respect at all times.
- 2) Promote belonging and inclusion by not engaging in bullying behaviours including the use of any physical, verbal, electronic, written, or other means of bullying. Bullying may also include inciting, engaging, or continuing instances of gossip.
- 3) Promote the physical safety of others by refraining from using aggressive physical contact, staying within program spaces as designated by site staff at all times, and avoid using program equipment in an aggressive, threatening manner towards other participants or staff.
- 4) Promote emotional safety by using positive communication that is free from derogatory, demeaning, or profane language.

By signing below, I am acknowledging that the Code of Conduct is to be adhered by in the Let's Get Moving Program. Participation in the Let's Get Moving Program may be limited or terminated if the Code of Conduct is violated and puts other individuals at risk.



Parent/Guardian Signature

Date

ARRIVAL TO PROGRAM

Participants are responsible for ensuring they arrive to program each day. If a child is not attending program, it is the responsibility of the parent/guardian to inform the staff on site before the beginning of program the day of. Alternate arrangements for arriving to program may be made at parent/guardian's request and availability of staff.

TRANSPORTATION

Parents/guardians are responsible for ensuring that their children have arrangements to get home after the program. Please note that crossing guards will not be available after 4:00 pm.

How will your child go home at the end of each session?

Must wait to be picked up at **end of program** by: (please specify **all** names and relation to child)

Child may walk home **at end of program.**

Child may walk home at _____ **on these days of the week:**

Any changes to transportation arrangements must be communicated to staff before the beginning of program to ensure the safety of the participant.

PHYSICAL LITERACY PARTICIPATION

I consent to my child's participation in physical literacy training and assessment. I approve the exchange of information between the Boys and Girls Clubs of Hamilton and The Government of Ontario regarding my child's physical literacy assessment. However, no identifying information will be shared.

Parent/Guardian Signature

Date

PERMISSION FOR COMMUNITY OUTINGS

I give permission for my child to go with the Boys and Girls Club Program staff for walks to local parks and places in the community such as the library and recreation centres. I understand that



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my child will be walking and/or bussing with a Boys and Girls Club School staff to and from our destinations.

Parent/Guardian Signature

Date

CONSENT FOR THE EXCHANGE OF INFORMATION

I hereby consent to the exchange of verbal and/or written information concerning my child between the Boys and Girls Clubs of Hamilton and the Hamilton Wentworth District School Board and Hamilton Wentworth Catholic District School Board.

Parent/Guardian Signature

Date

RULES, REGULATIONS AND RISKS

I acknowledge that all activities that my child will participate in may involve certain elements of risk, regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating in these activities, without any fault of the Boys and Girls Clubs of Hamilton or any of its employees, officials or representatives. I understand that rules and regulations relating to safety are designed for the safety and protection of instructors and participants in these activities, and my child agrees to comply with those rules and regulations. I accept and agree that my child may be released from the program if my child does not obey the rules and regulations.

I consent to my child participating in the program activities, acknowledging all the foregoing risks.

Parent/Guardian Signature

Date



Pre-Authorized Debit (PAD) Agreement

This personal PAD agreement authorizes Hamilton East Kiwanis Boys and Girls Club (operating as Boys and Girls Clubs of Hamilton) to debit the bank account specified by you, for amounts charged by the organization as outlined below:

Let's Get Moving (\$20.00/month)

30th of each month

You may revoke your authorization at any time by providing notice in writing, subject to providing notice of five (5) business days to Hamilton East Kiwanis Boys and Girls Club. You may obtain a sample cancellation form, or more information on your right to cancel a PAD agreement, by contacting your financial institution or visiting www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Please complete the form below.

Name		
Address / Contact Information		
City	Province	Postal Code
Phone Number	Alt Phone Number	
If you wish to receive e-mail notifications of PADs, please provide your e-mail address:		
Email Address		

Please attach a VOID cheque or letter from your bank.

Bank # (3 Digits)	Transit # (5 Digits)	Account # (7 – 12 Digits)
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Authorized Signature _____

Date _____