

Oak Park Neighbourhood Centre

SNAP(Stop, Now and Plan) 13-week family program
2200 Sawgrass Drive Oakville

Classes will run on Saturdays between 10am and 12pm
Dates and class times will be confirmed at the time of registration
This program is free of charge

Child's Name _____ Birthday _____

Parent Name 1: _____ Parent Name 2: _____

Address: _____ Address: _____

Postal Code: _____ Phone _____ Postal Code: _____ Phone _____

Email: _____ Email _____

Work Phone: _____ Work Phone: _____

Emergency Name _____ Phone _____ Relation to child _____

Any medical conditions, learning considerations or behavioural concerns we should know about?

If child has a life-threatening allergy or regular medication, you will need to fill out additional forms. Notify staff.

Any dietary requirements? _____

Are there other special considerations which you would like staff to be aware of? (Social challenges, new situation reactions, working effectively in groups)

Waiver, Medical Emergency & Pick Up Authorization

Child Name _____ Date: _____

I acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre Childcare involves certain risks and dangers of accidents. I have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while my child(ren) are participating in the program, whether at the Oak Park Neighbourhood Centre or in the grounds surrounding it. This form shall remain in full force and effect until it is withdrawn by giving written notice to Oak Park Neighbourhood Centre. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. I have the authority to give this release.

I have read the parent handbook and I agree to comply with the policies contained in it. At this time, I wish to enter into an agreement with Oak Park Neighbourhood centre childcare to provide care for my child.

Signature of Parent/Legal Guardian _____

Emergency Treatment Release Form

I authorize Oak Park Neighbourhood Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, in the event of an emergency, to receive full medical attention deemed necessary by a hospital physician. If possible, my child will be accompanied to the hospital or met there by staff. Every effort will be made to reach me and/or my emergency contacts. I agree to accept any financial responsibility for any emergency medical care necessary.

Signature of Parent/Guardian: _____

Authorized People to Pick Up my Child.

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

A written consent letter/email is required for pickup by anyone not on this list.

Signature of Parent/Guardian: _____