

Abbottsfeld Youth Project Registration Form 2022-2023

Child's Full Name: _____

Address: _____

Date of Birth: _____ Gender: Male Female Other

Preferred Pronouns (optional): He/him She/her They/them Other

Alberta Health Number: _____

Medications: _____ Allergies: _____

School: _____ Grade: _____

Dietary Restrictions: Halal No Pork Gluten-Free Lactose Vegetarian Other:

Please let us know if your child has any behavioral concerns, health concerns, or any other diagnosis that we should be made aware of to better support him/her in our program:

Please let us know of any behavioral or learning strategies that work best for your child so we can best support them:

Child's Full Name: _____

Address: _____

Date of Birth: _____ Gender: Male Female Other

Preferred pronouns (optional): He/him She/her They/them Other

Alberta Health Number: _____

Medications: _____ Allergies: _____

School: _____ Grade: _____

Dietary Restrictions: Halal No Pork Gluten-Free Lactose Vegetarian Other:

Please let us know if your child has any behavioral concerns, health concerns, or any other diagnosis that we should be made aware of to better support them in our program:

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Please let us know of any behavioral or learning strategies that work best for your child so we can best support him/her:

Child(ren)'s Ethnicity (optional): _____

Are you a Newcomer to Canada: Yes No If Yes, Arrival Date in Canada: _____

Parent/Legal Guardian Information

Full Name: _____ **Relationship to Child:** _____

Address (if different from child/ren): _____

Preferred phone number: _____ Alternate phone number: _____

Email: _____

Full Name: _____ **Relationship to Child:** _____

Address (if different from child/ren): _____

Preferred phone number: _____ Alternate phone number: _____

Email: _____

Emergency Contact Information

Please note: The emergency contact **must be someone who is not** a parent/guardian.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Child: _____

Please list anyone (Full names) who may be picking up your child at **any** time throughout the year (please note that they will be required to show ID to AYP staff):

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Walking Permission

I allow my child to walk home alone at the end of group. Yes No

Parent/Guardian Signature: _____

Consent to Supports

Please **initial** if you consent to the following:

_____ Inform my child and myself of other community/agency supports.

_____ Use AYP vehicles to transport my child in the event of an emergency or field trip.

_____ Administer First Aid when necessary. **(Consent Required)**

_____ Provide my child with a healthy snack.

Parent/Guardian Authorization for Information Sharing

Abbotsfield Youth Project (AYP) Society works closely with the teachers and administrative staff of our participating community schools in order to support the needs of the children and families in our program.

Any information received by the AYP Society will be treated as confidential and will only be shared with the people you consent to below.

Please **initial** if you give AYP permission to:

_____ get information about your child from their school staff.

_____ share information about your child with school staff.

_____ allow AYP staff to email me information/ invitations regarding special events, workshops, AYP programming, Annual General Meetings, other community agencies, etc.

*This consent will be valid until the end of this year's program, or when the child withdraws from the program.

Consent to Photography

From here on, I allow the Abbotsfield Youth Project (AYP) Society to take and use photographs and/or videos of my child for the purpose of agency social media pages, slideshows, brochures, display boards, annual reports, agency websites, and other program/promotional materials. I understand that in order

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to change this consent I must personally contact AYP staff, and they will provide me with notice informing me that the permission had been changed on my child's file.

Parent/Guardian Signature: _____

Consent to Surveys

The Abbottsfield Youth Project (AYP) Society conducts various surveys with our participants in order to track their individual growth and program satisfaction. Survey completion is essential to AYP's ability to continue its programming. The surveys not only help AYP improve our programs, but they also provide us with the outcomes required by our current and potential funders. Survey responses remain anonymous when presented to these funders.

From heron, I allow my child to participate in surveys to evaluate the AYP program. I understand that in order to change this consent I must personally contact AYP staff.

Parent/Guardian Signature: _____

COVID-19

I, _____ the legal guardian of _____ acknowledge that I **must be available** to pick up my child(ren) from the program in the event of illness or if my child(ren) is showing COVID-19 symptoms. *Please do not send your child to group if they are sick.*

Acknowledgement of Rights

I acknowledge that AYP Staff will do their best to ensure the health, safety and well-being of my child and of others in the group.

I acknowledge that AYP Staff will do their best to encourage my child's constructive behaviours in positive ways.

I acknowledge that in the event of an emergency or to prevent my child from immediately harming themselves, others, or from destroying property, as a last resort, AYP's trained staff may be required to physically intervene. AYP will inform me immediately in the unlikely event that this is to occur.

I also acknowledge that I have been informed of my child's rights and responsibilities (see below) as a participant of Abbottsfield Youth Project. His/her rights as a participant include, specifically:

- The right to comment make suggestions, and complaints about any supports provided, and to appeal any program decision as outlined in Abbottsfield Youth Project's grievance procedure, which has been made available to me at my request.

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I confirm that the information given in this form is true, complete and accurate.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Expectations and Procedures

Thank you for your interest in our AYP programs. We are very excited for the opportunity to support your child throughout the 2022-2023 calendar year. To best support your child(ren), we would like to inform you of a few of our procedures and expectations to ensure the safety of your child(ren).

1. I agree to inform AYP staff if my child(ren) is unable to attend an AYP program prior to the program start time.
2. I understand that space is limited in all AYP programs and if my child has more than two unexplained absences their spot will be filled. Prior to removal from the program, we will attempt to contact you.
3. I agree to be available by phone or text during programming times to ensure that staff can reach me should there be any emergency, illness, or incident.
4. I understand that if a child is not picked up from group the following protocol will be taken:
 - After 10 minutes staff will call numbers listed for parents/guardians
 - After 30 minutes we will call the emergency contact listed and the AYP Executive Director will be notified.
 - After 1 hour and several attempts to contact parents/guardians/emergency contact, we are legally obligated to call the appropriate authorities to ensure the safety of your child.
5. I agree to check and respond to all emails from AYP as they may contain important information regarding sensitive group lessons, events, and cancellations.

*In the event you have not notified us of an absence in our in-school program we will make a reasonable effort to inform you of your child(ren) absence by phone or text. *

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Community Outreach & Living Skills (COLS) Program Registration

***All programs are on a first come first serve basis* (Maximum 2 programs/child ie., 1 COLS & 1 Aux)
Please note the dates and times of each specific program. *All program dates are subject to change***

Once registration forms are received, a follow-up email will be sent to confirm your child(ren)'s placement in our programs!

- C.O.L.S Afterschool Program- After School for 1.5 hours. (Grades 1-6)
 - Uses a learn-through-play philosophy to guide participants on how to make positive life choices, develop healthy self-esteems and learn effective communication strategies. Some curriculum topics include: the importance of life balance, positive coping strategies, problem solving, teamwork, self-esteem, communication, responsibility and feelings.
- All Other Schools C.O.L.S Program- At our AYP Office for 1.5 hours. (Grades 1-6)
 - This program is for children in Grades 1-6 that attend any other school that AYP is not partnered with (*see above*).
 - This program would be held every **Thursday, from 2:45 – 4:15 PM, at the AYP Office (10608 34 St NW)**.
 - ****Please note that transportation is required to and from this program****

****Please circle which school your child(ren) attend****

Circle Child's School:

St. Bonaventure

(Mondays from
2:40 – 4:10 PM)

Sifton (Mondays

from 3:10 – 4:40
PM)

Anne Fitzgerald

(Tuesdays from
3:05 – 4:35)

Highlands - At AYP Office

(Tuesdays from 3:21 – 5:05
PM)

Fraser (Tuesdays

from 3:27 – 5:00
PM)

Beacon (Tuesdays

from 3:36 – 5:06
PM)

St. Jerome

(Wednesdays from
3:23 – 5:00 PM)

****Children will be picked up from school at 3:21 PM and transported to AYP Office (10608 34 St NW). Pick up will be at the office at 5:05 PM****

Kirkness

(Wednesdays 3:36
– 5:06)

Bannerman

(Wednesdays from
3:17 – 4:50 PM)

Ivor Dent

(Thursdays from
2:20 – 3:50 PM)

Homesteader

(Thursdays from
2:31 – 4:04 PM)

Abbott (Thursdays

from 2:13 – 3:45
PM)

All Other Schools

(Thursdays from
2:45 – 4:15 PM)

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Auxiliary Programs

All programs are on a first come first serve basis

Please indicate which program interests you in order of preference, with 1 being your first choice, 2 being your second choice, 3 being your third choice, and 4 being your fourth choice.

Art with AYP - Tuesday's from 5:30pm-7:00pm (Grades 3-6 only) - **Hairsine Community League**

Fall **semester (October 11th – January 31st)**: Promotes strategies for children to increase their creativity and self-esteem through a variety of art-based activities such as drama, sculpting, creative writing, drawing, and painting.

Winter **semester (February 7th – May 16th)**: Same as above.

Healthy Heroes - Wednesday's from 5:45pm-7:15pm (Grades 1-6) - **Bannerman Community League**

Fall **semester (October 12th – February 1st)**: Is a holistic wellness program combined with the fun of sports! The program implements engaging activities to promote positive self-esteem, coping strategies, and mood regulation. Children learn exciting ways to become active, eat healthy recipes, play team sports, and learn relaxation techniques.

Winter **semester (February 8th – May 17th)**: Same as above.

Homework Help - Wednesday's from 6:00pm-7:15pm (Grades 1-6) - **AYP Office**

All year (October 12th - May 24th): Provides a safe and supportive environment for children to complete school assignments and access one-on-one tutoring. Children are matched with volunteer tutors that work with them throughout the year.

Mini Make Way for Play – Mondays from 5:30pm-7:00pm (Grades 1-3 only) – **AYP Office**

Strictly Fall Program (**October 17th – December 5th**). This auxiliary program was based on our Make Way for Play Spring and Summer Camps and for children in grades 1-3. This gives the younger participants an opportunity to be creative and create relationships at a younger age, as well as allowing them to be more comfortable and confident to engage in free play, and use their imagination.

Junior High (**open to past AYP participants Grade 7-9**) - Thursday's from 5:00pm-7:00pm - **AYP Office**

All year (October 13th - May 25th): Supports youth in junior high to build relationships with peers and staff through a variety of recreational and art-based activities in a safe and secure environment where they are encouraged to make healthy lifestyle choices and maintain relationships with peers and Child Development Coordinators.