

Participant Information Form

TO BE COMPLETED AND RETURNED THE FIRST DAY OF PROGRAM

Program Participant Information



First Name: _____ Last Name : _____ Age: _____

Address: _____ City: _____

Home Phone: _____ Program: _____

EMERGENCY CONTACTS AND PICKUP ARRANGEMENTS				Legal Guardian		Legal Custody		Access to Records		Access to Participant		Able to Pickup	
Please list contact priority 1 to 4 (1 is high). Primary contact should be listed first.				Y	N	Y	N	Y	N	Y	N	Y	N
	Name and Relationship	Home Phone	Alternate Number	Y	N	Y	N	Y	N	Y	N	Y	N
1													
2													
3													
4													

Is the participant permitted to walk home at the end of the program each day? Yes No

Signature of Parent/Guardian: _____

CODE OF CONDUCT

Please review with your participant the expectations outlined below.

Participants should:

- Show respect and consideration for staff and peers.
- Be cooperative and willing to participate in program activities.
- Respect rules outlined by staff for the program, facility and equipment.

Consequences for misbehaviour may include:

- Address issue and inform parents to discuss strategies for behaviour improvements
- Parent meeting
- Participant receives one day suspension
- Participant is withdrawn with requirements for return to next program

You acknowledge and agree that should the Participant exhibit violent behaviour towards another participant, staff and/or volunteer that the City may undertake a further assessment to determine the Participant's ongoing suitability for the program. Should the City in its sole discretion determine that the Participant's participation in the program constitutes a substantial health and safety risk to other participants, staff and/or volunteer, the City reserves the right to remove the Participant from the program and/or to deny admittance to the participant to the program in the future.

I hereby agree to abide by all of the terms outlined in the Code of Conduct.

Signature of Parent/Guardian _____ Date: _____

Signature of Participant _____ Date: _____



The goal of our programs is to provide enjoyable age-appropriate activities in a safe and positive environment.

Behaviours

Behaviours we may see (list): _____

Known triggers: _____

Management protocols _____

Is your child a "wanderer"? Yes No

Is participant a high risk for uncontrolled behaviour? Yes No

If yes - what does it look like? _____

Does your child have any repetitive behaviours? Yes No

If yes - what do they look like/mean? _____

Health Conditions

Severe Allergy (list): _____

If participant has an allergy please ensure that a Medication Consent Form is filled out.

Does Participant Have:

Medical Alert Yes No

Cardiac Condition Yes No

Epi-Pen Yes No

Medication Yes No

If participant is taking medication during program please ensure that a Medication Form is filled out.

Is a wheelchair/ scooter used? Yes No

Is extra support/assistance needed for basic care? Yes No

Participant is attending with a support worker Yes No

Consent

I hereby agree as the legal guardian of the minor registrant to indemnify saves harmless and release the City of Burlington from any actions or damages arising from program participation, also I authorize the City of Burlington to arrange for medical care if a participant is injured and agree to pay for any resulting expenses.

Signature of Parent/Guardian: _____

For Administrative Purposes Only:	
Medication Consent Form filled out:	
Yes	No

For Administrative Purposes Only:
Program Name:
Form Received by: