



## **2<sup>nd</sup> Day Program 2018-2019 School Year**

We are excited to present AD Rundle Students with the opportunity to take part in the **2<sup>nd</sup> Day Program!**

2nd Day after school program from 2:35pm to 4:30pm on Tuesdays for Fall 2018.

This Fall, 2<sup>nd</sup> Day will be offering a programming opportunity for your child to participate in the **2<sup>nd</sup> Day Art Program** on Tuesdays from **October 30<sup>th</sup> – December 18, 2018.**

It is an expectation that your child will participate in the whole program for Fall 2018, and that they agree to the following:

- meet or exceed all AD Rundle Ram's expectations
- be genuinely interested in the program and opportunities
- attend all sessions
- hand in all necessary forms associated with the program
- be picked up **promptly at 4:30pm**

The 2<sup>nd</sup> Day Art programming starts Tuesday, October 30<sup>th</sup>, 2018 at 2:35pm. All the students will meet in the Multi-Purpose Room where they will meet up with 2<sup>nd</sup> Day staff. 2<sup>nd</sup> Day staff will feed all the students a snack then they will clean up and prepare for Art. Parents will pick students up at AD Rundle every Tuesday at 4:30pm from the front entrance area.

**This program is a privileged program, if problems repeatedly arise with a student and he/she is not respecting the AD Rundle behavior code, the parent or guardian will be informed, and a student aid form will be issued. After the third occurrence, if the student is still not following the rules or participating in the activities outlined in the program then they will be asked to leave the program by the Executive Director, so another student can fill the spot.**

**Please return the attached registration forms to the school office by the program start date October 30<sup>th</sup>, 2018.** It is very important that we have all the contact and emergency information for your child to attend the program. **Your child is not considered registered until your program registration forms are handed in.** Program registration is first come first serve. If you have any questions or concerns about the 2nd Day program, please contact Shannon Carmichael (Executive Director) at the Community School Office (604.792.8539 or [ccecss@gmail.com](mailto:ccecss@gmail.com)).

**PARENTS/GUARDIANS PLEASE KEEP THIS PAGE FOR YOUR REFERENCE**





**Second Day After School Program – Registration Form Fall 2018**

<b>Personal Information</b>	
Full Name of Child:	Usual Name of Child (if different):
Date of Birth:                      Gender:	Starting Date:
Address:	Postal Code: Phone: (    )
Parent or Guardian:	Parent or Guardian:
Phone: (    )	Phone: (    )
Work Address/Alternate Location:	Work Address/Alternate Location:
Phone: (    )	Phone: (    )
Cell/Pager: (    )	Cell/Pager: (    )
Hours at this location:	Hours at this location:

<b>Person(s) Authorized to Pick Up Your Child</b> (other than parent/guardian – must be 16 years old or older)		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

<b>Person(s) Not Authorized to Pick Up Your Child</b>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
<b>Custody Agreement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please supply a copy of the custody order to the facility manager		

<b>Alternate Person(s) To Call And Pick Up Child In Case of Emergency</b>		
Name:	Relationship:	Phone: (    )
Name:	Relationship:	Phone: (    )
Name:	Relationship:	Phone: (    )

<b>General Health Information</b> (Please attach a separate sheet, if necessary)
Regular medication(s) and reasons for (please list):
Allergies and Treatment of (please list):
Does your child live with a disability that we should know about?:
<b>Note: If the child requires medicine administered during the program, an Administration of Medicine Consent Form must be completed.</b>

<b>General Personality Information</b> (Please attach a separate sheet, if necessary)
Please describe regular behavior your child may display:
Please describe behavior your child may display when upset and the most effective way you have found to calm them:

<b>Emergency Health Information</b>	
Care Card Number:	
Family Doctor/Clinic Name:	Family Dentist/Clinic Name:
Phone: (    )	Phone: (    )
Address:	Address:
<b>Consent for Emergency Care (Please also complete the Emergency Consent Card):</b> I authorize the staff at Second Day After School Program to call a medical practitioner or ambulance in the case of an accident or illness of my child(ren), if the parent/guardian cannot immediately be reached.	
Signature of Parent/Guardian:	Date:



**Walk Home without Supervision Form – Fall 2018**

**October – December 2018**

CCECSS requires the completion of this form to give permission for your child to walk home without supervision.

I give \_\_\_\_\_ (full name of student) permission to walk home without supervision from the CCECSS 2<sup>nd</sup> Day After-school Program. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

*Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, CCECSS or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to walk home without supervision, I am accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for my child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Image Use Agreement (Photographed Minor)

### After School Sport and Arts Initiative (2<sup>nd</sup> Day After School Program)

This confirms my agreement and consent with the Directorate of Agencies for School Health BC (DASH BC) regarding my participation in or related to the After School Sport and Arts Initiative in which I may be photographed, filmed or videotaped (the "Image(s)") from time to time. I understand that DASH BC may wish to use for its own purposes certain Images that its representatives, consultants, employees or agents have taken of me.

1. For valuable consideration received, I hereby irrevocably and unconditionally grant to DASH BC perpetually and throughout the world the right to copyright and use, reuse, publish, republish and incorporate (alone or together with other materials) the Images, my name and my likeness without restriction through any and all media (including print, video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future) for illustration, art, promotion, advertising, trade or any other purpose whatsoever, including its use and license to others as it sees fit in its discretion, and the right to the use of any printed material in connection therewith.
2. I hereby relinquish any right that I may have to examine or approve the Images or the use thereof in any manner whatsoever or printed material that may be used in conjunction therewith.
3. I will not, in any manner whatsoever, commence, maintain, pursue, continue or assign any action, cause of action, claim, suit, complaint or proceeding of any kind or nature whatsoever against DASH BC, its partners, employees, servants, agents, or any person, corporation, partnership or other legal entity that could seek contribution or indemnity from DASH BC, relating in any way to, or in any way connected with, the Images. I hereby agree that I will not bring or consent to others bringing claim or action against DASH BC on the grounds that anything contained in the Images, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or violates any other right whatsoever, including without limitation, rights of privacy and publicity.
4. I hereby release DASH BC, its directors, officers, successors, assigns, representatives, consultants, employees, partners and agents from any liability that may occur as a result of said Images including, without limitation, any claims for invasion of privacy.
5. DASH BC shall not be obligated to use the Images or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Images. DASH BC shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm or corporation.
6. I have read the above prior to its execution and I fully understand the contents thereof; this agreement shall be binding upon me and my heirs, successors, legal representatives and assigns.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Participant [Please Print]

\_\_\_\_\_  
Name of Witness [Please Print]

The foregoing provisions are hereby acknowledged, agreed and confirmed by the undersigned Parent or legal guardian of the Participant:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Parent/Guardian [Please Print]

\_\_\_\_\_  
Name of Witness [Please Print]

Dash BC Use only:

PHOTO #: \_\_\_\_\_

PHOTOGRAPHER: \_\_\_\_\_