

Registration Form

Tuesdays 3:30 pm – 5:00 pm

St. Andrew Anglican Church

125 Wellington St. W. Alliston, ON L9R 1H8

Mission Statement:

*To provide a safe, nurturing & secure environment, where youth can build strategies to improve their reading & writing skills and receive support with homework completion.*

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| --- |
| **Name:**  First Name Last Name |
| **Birthday:**  Month Day Year |
| **Age:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |
| **School:** Choose a school |
| **Grade:** Click here to enter text.  |
| **How will child get to BrainiACTS?** Click here to enter text. |
| **How will child get home from BrainiACTS?** Click here to enter text.  |

**Child’s Information:**

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| **Child’s Health Card No:** Click here to enter text. |
| **Doctor’s Name:** Click here to enter text. |

If your child/ward requires medical treatment, your signature (below) on this Consent Form gives the BrainiACTS program authorization to take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian*** ***Date***

**Parental Contact Information:**

 **Parent/Guardian Name:** Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text. **Email**: Click here to enter text.

**Best time to call:** Choose a time.

If, **in an emergency**, you cannot be reached, the following person is hereby authorized to act on your behalf and **has been notified that he/she has been granted this authority and may be contacted by *St. Andrew Anglican Church***.

**Name:** Click here to enter text. **Relationship to participant**: Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell:** Click here to enter text.

**Permission To Be Photographed**

This is to certify that I, Insert Parent/Guardian’s Name, give my consent for my child/ward to have his/her picture taken during the program. The photographs may be used for such things as (but not limited too) future program posters, write ups, informational brochures, Church History, Church website, Face Book, Twitter etc.

Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian*** ***Date***

**Program Fee** (for administration use only)

Thanks to generous donations, we are able to offer the BrainiACTS program for $25.00/month. Subsidies are available. You can pay for the term by cash or cheque (made payable to St. Andrew Anglican Church)

**Payment Received for Fall Term: $25/month (Oct □, Nov □, Dec □)**

 **Winter/Spring Term: $25/month (Jan □, Feb □, Mar □, Apr □, May □)**

**Behaviour Policy**

To ensure that a positive and nurturing environment is maintained, it is very important that Respect, Responsibility and Relationship are at the heart of the program. As a result, the following behaviour policy has been developed.

***If a child is displaying a behaviour that is detrimental to the group such as, but not limited to, a lack of respect for volunteer tutors &/or peers, bullying, use of inappropriate language, then a phone call will be made first to the parent and then the emergency contact and it is the expectation that the child will be picked up by a parent or the person designated as the emergency contact. The child may return to the program following this incident. However, if there is a second incident involving the same child, then the child will be withdrawn for the reminder of the term. He/she will have the opportunity to participate in the program at the beginning of the next term following an interview to determine the readiness of the child to return to BrainiACTS.***

We thank you for your support, as we know that all of you want the program to be an inviting and safe environment for all of the children to enjoy.

**Please SAVE this registration form and send as an attachment in an EMAIL to s.dickson@standrewanglican.ca**