



## Mapleton After School Program Registration Form

The Mapleton After School Program will be following all Public Health Guidelines and will only be offered if permitted by WDG Public Health, the Province of Ontario, the UGDSB and the Municipality of Mapleton.

### Child's Information

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Home/Cell Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Home/Cell Number \_\_\_\_\_

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### Please provide us with any allergy (even if mild), medical and dietary condition information regarding your child:

- Getting treatment or has a condition that compromises or (weakens) your immune system
- A chronic (long-lasting) health condition (for example, diabetes, emphysema, asthma)
- Regularly going to a hospital or health care setting for treatment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Emergency Contact Information**

1) Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

2) Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Contact Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

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**Name and phone numbers of people other than Parents/Guardians who can pick up your child. Please note we may ask for photo identification.**

- No one under the age of 18 will be permitted to escort a registrant from the building.
- Notification must be made in writing to the Manager of Recreation to revise this list.

1) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

2) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Any special instructions, such as custody orders must be sent to the Manager of Recreation [agrose@mapleton.ca](mailto:agrose@mapleton.ca)

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**Please provide us with any additional information that you feel might be helpful. Please specify any physical or behavioural challenges.**

- Include any supports your child receives at school during the day.

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**FULL TIME** – are you registering your child for all instructional days for the 2021/2022 school year?

YES \_\_\_\_ NO \_\_\_\_

**PART TIME** – are you registering your child part-time for the 2021/2022?

YES \_\_\_\_ NO \_\_\_\_

Which days would you like your child to attend program? (Circle all that apply)

**MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY**

\*Please note that if you are registering part-time; you must register for the same days each week for the entire 2021/2022 school year.

\*\* Priorities will be given to families requiring full-time spaces and families who already have children in the program.

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### **Fee and Payment Information**

Program cost is \$75.00 per week or \$15.00 daily

**Fees are invoiced on the 15<sup>th</sup> of each month.** Fees may be paid at the township office by cash, cheque, or debit between 8:30am and 4:30pm. You may also leave payment in our mail slot beside the main doors. Please include your child's full name with payment.

**You can also pay by e-transfer:** Please send payments to [ar@mapleton.ca](mailto:ar@mapleton.ca)

In the message portion of your e-transfer include your child(s) full name

### **Payment Assistance**

Help to pay for the cost of the program may be available. Please contact Wellington County, Child Care Subsidy at 519-837-3620 x 3090 or [www.wellington.ca/childcare](http://www.wellington.ca/childcare)

Are you applying for subsidy through the County of Wellington? YES \_\_\_\_ NO \_\_\_\_



## Parent and Guardian Information and Policies Manual

I received a copy of the Parent and Guardian Information and Policies Manual. I had an opportunity to review this package and understand the policies and processes within it.

Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Manager of Recreation: \_\_\_\_\_

Signature & Date: \_\_\_\_\_