



Kids Being Kids

Dear Parent/Guardian:

The following is an outline of the procedures we will be following when children attend program and offsite activities:

1. Before a child is allowed to board the bus, s/he **MUST** have their permission forms signed by a parent or guardian, along with their health card number. If these forms are not filled out completely, the child, unfortunately, will not be allowed to participate. Also ensure that the alternative phone number and address are completed.
2. Those children six years of age and older (unless accompanied by a legal guardian) will be chosen for off-site activities based strictly on attendance and behaviour, which will be monitored and documented daily by the **Kids Being Kids** Program Leaders on your site.
3. At time of handing in your registration form, the consent for photograph form must be completed and handed to a Program Leader.
4. In the event that a child has repeatedly misbehaved, they will be returned home and may be excluded from future events.
5. If your child has any medical problems or medication to be taken, please make sure that we are aware. At no time will the **Kids Being Kids** staff administer medication without your written consent (i.e. aspirin, prescription drugs). Periodic lice checks are a requirement of our program and will take place each week by Program Leaders.
6. Children arriving in the morning or afternoon not properly clothed will be sent home and asked to dress more suitably. **Children MUST wear shoes and shirts at all times.**





KIDS BEING KIDS REGISTRATION FORM

CHILD'S FULL NAME

BIRTHDATE

HEALTH CARD #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS: _____ PHONE: _____

PARENT/GUARDIAN NAME: _____

***ALTERNATIVE PHONE NUMBER AND ADDRESS, WHERE PARENTS OR SOMEONE ELSE CAN BE REACHED WHEN PARENTS ARE NOT HOME DURING ACTIVITY:

ADDRESS: _____ PHONE: _____

ANY HEALTH PROBLEMS, ALLERGIES, MEDICATION, ETC.

FAMILY DOCTOR: _____

*** ANY ACTIVITY INVOLVES RISK OF PERSONAL INJURY TO MY CHILD(REN), PROPERTY LOSS AND/OR DAMAGE. ALTHOUGH IT IS UNDERSTOOD THAT ALL REASONABLE PRECAUTIONS SHALL BE TAKEN TO PREVENT INJURY AND/OR LOSS OF PROPERTY, THE SAULT STE. MARIE DISTRICT SOCIAL SERVICES ADMINISTRATION BOARD AND ITS AGENT, SAULT STE. MARIE EARLY YEARS SERVICES ARE HEREBY ABSOLVED AND RELEASED FROM ANY AND ALL RESPONSIBILITY FOR PERSONAL INJURY AND/OR DAMAGE AND/OR LOSS OF PROPERTY HOWSOEVER CAUSED, RESULTING FROM THE RECREATIONAL PROGRAM OPERATED BY THE SAULT STE. MARIE EARLY YEARS SERVICES, ITS AGENTS EMPLOYERS OR VOLUNTEERS IN WHICH I ALLOW MY CHILD(REN) TO PARTICIPATE***

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

** All children under the age of 6 must be accompanied by a parent/guardian **



Kids Being Kids Permission to Leave Program Site

Off-site Permission Form

Parent or Guardian Please Return Form with Children to Recreation Staff

On various days throughout the summer, we may leave the program site to visit the local parks, and other activities. Please sign the form below if you wish your child to leave the program site for these various events. This is a standing form, which gives the recreation staff permission to bring your child off-site for these events. You will be notified when the children will be leaving site, and informed of where they are going, and when they are due back at the program site.

Child's Name: _____

Address: _____

Phone Number: _____

Alternative Number: _____

Health Card Number: _____

**** ANY ACTIVITY INVOLVES RISK OF PERSONAL INJURY TO MY CHILD(REN), PROPERTY LOSS AND/OR DAMAGE. ALTHOUGH IT IS UNDERSTOOD THAT ALL REASONABLE PRECAUTIONS SHALL BE TAKEN TO PREVENT INJURY AND/OR LOSS OF PROPERTY, THE SAULT STE. MARIE DISTRICT SOCIAL SERVICES ADMINISTRATION BOARD AND ITS AGENT, SAULT STE. MARIE EARLY YEARS SERVICES ARE HEREBY ABSOLVED AND RELEASED FROM ANY AND ALL RESPONSIBILITY FOR PERSONAL INJURY AND/OR DAMAGE AND/OR LOSS OF PROPERTY HOWSOEVER CAUSED, RESULTING FROM THE RECREATIONAL PROGRAM OPERATED BY THE SAULT STE. MARIE EARLY YEARS SERVICES, ITS AGENTS EMPLOYERS OR VOLUNTEERS IN WHICH I ALLOW MY CHILD(REN) TO PARTICIPATE****

I give my child(ren) permission to leave program site under the supervision of the Sault Ste. Marie Early Years Services Recreation staff for a program event.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____





Kids Being Kids

Dear Parent/Guardian:

Sault Ste. Marie Early Years Service’s *Kids Being Kids* Program provides many exciting activities for the children both on-site and off-site. A great way to capture the excitement and joy of the children who participate in the program is through picture taking and videotaping special events including: Grand Opening, GAME ON!, Weekly Enrichment Events, and many more exciting activities.

We thank you for your cooperation in completing the bottom portion of this letter.

CONSENT FOR PHOTOGRAPHS/VIDEO FOOTAGE:

I HEREBY GRANT MY CHILD, _____ PERMISSION TO BE PHOTOGRAPHED, FOR PROGRAM USE AND THE PURPOSES OF PUBLICATIONS (i.e. ADVERTISING, MEDIA ARTICLES AND PROMOTION OF SAULT STE. MARIE EARLY YEARS SERVICES KIDS BEING KIDS PROGRAM.

PLEASE INDICATE YOUR PREFERENCE:

PHOTOGRAPHS/VIDEO FOOTAGE FOR PROGRAM AND PUBLICATIONS _____

PHOTOGRAPHS/VIDEO FOOTAGE FOR PROGRAM USE ONLY _____

PARENT SIGNATURE

ADDRESS

DATE

