



Child & Youth Services: Kids Connection Registration & Waiver Form

Child & Youth Development & Parenting Support Services: Positive parenting and support for the care and development of children and youth contribute to the health and well-being of families and communities. The CFB Suffield Military Family Resource Centre (MFRC) supports parents in their caregiving role, and provides opportunities for the healthy development of children and youth.

Program Philosophies: Our philosophy is that ‘children and youth learn through positive peer interaction and adult role modeling’. Social interaction is vital for emotional, social, intellectual and physical development. Through recreation and social activities, children/youth can investigate and experience new realms of learning, which will encompass all areas of their development. Staff and volunteers work closely with the children/youth in order to build trusting relationships that encourage them to explore their skills and interests in a setting away from the home environment. Through interactive program planning, staff, volunteers, and the children and youth themselves, aid in the development of strong, healthy life skills.

Program Registration: To attend Kids Connection Centre programming, parents submit a completed registration form to the MFRC, prior to attendance, and on an annual basis thereafter (August). Kids Connection Centre members are charged an annual \$10.00 administration fee, due payable at the time of registration/re-registration.

Kids Connection (Care & Education) Centre: The Kids Connection Centre is located at 16 Edgewood Road. Drop-in fees are \$2.00/child/session (excludes special event fees). Children will be engaged in age appropriate special events, activities, games, crafts and field trips. Parents must pre-register their child/youth for all special events and field trips one week prior to the activity, with activity fees due at time of registration. A refund will be issued in the event the activity is cancelled. Canteen services are available; parents to purchase canteen cards at the MFRC, prior to attendance in the Kids Connection program (canteen cards do not expire). Registered Junior and Senior members may bring a guest three (3) times before the individual is required to formally register with the MFRC. Registered members and members’ parents are responsible for guests. Event costs apply to guests.

- **Mini Sessions (5-7 years):** Visit CAFconnection.ca/Suffield/Mini/Junior for current session dates/times. Monthly drop-in session offered on a Friday, contact the MFRC for date/timing information.
- **Junior Sessions (8-10 years):** Visit CAFconnection.ca/Suffield/Mini/Junior for current session dates/times. Monthly drop-in session offered on a Friday, contact the MFRC for date/timing information.
- **Senior Sessions (11-17 years):** Visit CAFconnection.ca/Suffield/Senior for current session dates/times. Monthly drop-in session offered on a Friday, contact the MFRC for date/timing information.

Kids Connection (Care & Education) Contact Information

Kids Connection Centre: 403.544.5533

Program Manager: Becky Verishine, 403.544.5567 | Email: mfrc.childandyouth@gmail.com

MFRC: 403.544.5567 | Email: cfbsuffieldmfrc@gmail.com

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Receipt Number: _____

Continued: OPPOL Appendix N.

Year: 20_____

Child/Youth Information			
Name:		DOB: (DD/MM/YY)	
AHC #:		Age:	
Special Needs:			
Allergies:			
Medications:			
Circle Program you are registering for:		Kids Connection: Mini's	
Kids Connection: Junior's		Kids Connection: Senior's	
Swimming Level:	Above Average	Average	Poor Non-Swimmer
My child /youth may watch:	PG movies: YES / NO	PG 13 movies: YES / NO	
The MFRC may publish my child/youth's photograph in their promotional material and use their voice for recordable material: YES / NO			
My child/youth may leave the Kids Connection Centre unsupervised: YES / NO			
At least one parent/guardian contact field must be completed			
Mother/Guardian Name:		Address:	
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Father/Guardian Name:		Address:	
Home Ph:	Cell Ph:	Work Ph:	
Email:			
At least one emergency contact must be listed at the time of registration; the second emergency contact must be provided within four weeks of registration.			
Name:	Home Ph:	Cell Ph:	
Name:	Home Ph:	Cell Ph:	

Please initial all yellow highlighted areas

Medical Release: Parent/Legal Guardian Initial: _____

In the event of an emergency, I, (parent/guardian name) _____, authorize the CFB Suffield Military Family Resource Centre Society (MFRC) staff member to obtain such medical advice and services, as he or she deems necessary for the health of my child/youth _____, with the exception of: _____.

In respect to medical services which require the consent of a parent/guardian, I hereby authorize the MFRC staff member to provide such consent when all reasonable attempts to contact either me or the other guardian of my child/youth have failed, or where, due to the nature of the emergency, there is insufficient time to contact me or such other parent or guardian.

I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain the health of my child/youth. In the event that medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to the MFRC. I understand that it is my responsibility to release, to the MFRC, any medical information pertaining to my child/youth. I understand and agree that the MFRC will disclose this medical information as required to appropriate staff. I agree that the information on this form may be disclosed to emergency and health care personnel.

If my child/youth requires EPIPEN medication, I understand that I am required to meet with the Program Coordinator prior to utilizing Kids Connection services, to discuss health concerns.

My child/youth's vaccinations are up to date; diphtheria, tetanus, polio, pertussis (whooping cough), measles, rubella, mumps, meningococcal disease, rotavirus, haemophilus influenza type B disease and pneumococcal disease. **Yes / No**

Legal Release: Parent/Legal Guardian Initial: _____

I hereby give consent for my child/youth to participate in MFRC Child and Youth Services programming. The MFRC accepts a general duty of care that extends to all reasonable and necessary situations, however, I understand that there are inherent risks associated with activities; I agree that, except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, I will not hold the MFRC liable for any injury to my child/youth, or loss or damage to my child/youth's personal property. In consideration of my child/youth's participation in any programming, I, the parent/guardian of the child/youth, on behalf of my child/youth, waive all present and future claims against the MFRC, respective affiliates, officers, agents, employees and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the MFRC, its respective affiliates, officers, agents, employees and permitted successors and assigns that occurs in connection with any services provided. This indemnification will survive the termination of this Contract.

Discipline: Parent/Legal Guardian Initial: _____

Any disciplinary action taken is reasonable in the circumstances. Physical punishment, verbal, or physical degradation or emotional deprivation is not permitted under any circumstance. Staff will not deny or threaten to deny any basic necessity and will not use or permit the use of any form of physical restraint. Staff follow the 'Three (3) Strike' method for disciplining children. A strike is a verbal warning for bad behavior. Children are permitted three (3) strikes or three verbal warnings before they are issued with a time-out consequence. This method of discipline allows for open communication between children and staff. From the time children are issued their first strike, they are aware of the consequence if they continue to choose bad behavior. Children have more than adequate warning time before they are placed on time-out. There are rules in place to ensure the safety of participants and to create a supportive and non-threatening environment for all and I understand that if my child refuses to follow established rules, they may be removed permanently from the program.

If a child's behavior warrants immediate consequence, staff may issue a time-out without any verbal warnings. I understand the following behaviours are considered inappropriate and will not be tolerated:

- Bullying or aggression in physical or verbal form
- Disrespecting or not listening to staff
- Inappropriate language including swearing
- Theft or interference in other participants/leaders/program equipment

Offsite Activity: Parent/Legal Guardian Initial: _____

I give the MFRC staff and registered volunteer's permission to take my child/youth offsite (gym, theatre, bowling alley, park, splash park, library, arena). Children will not be transported by vehicle to any offsite activities during the Kids Connection session.

Participation & Cancellation: Parent/Legal Guardian Initial: _____

I understand that my child/youth is expected to participate in all planned activities. In the event that my child/youth cannot actively participate in the planned group activity, they will be a spectator and I understand that an alternative activity will not be arranged. I understand that in order to qualify for a refund, I will provide one (1) week's cancellation notice for all Kids Connection Field Trips/Special Events. I understand that if I do not provide adequate cancellation notice, I will not qualify for any reimbursement/refund.

Program/Session Cancellation: Parent/Legal Guardian Initial: _____

In the event that the MFRC is experiencing a staff shortage, I understand that the activity, session or program may be cancelled. I also understand that activities/sessions will close on short notice due to severe weather warnings, or if the Base Commander issues a 'shut-down' order; in the event of a closure, staff will make every effort to notify the participants. The Kids Connection program will be closed for all (Canadian) statutory holidays and for two (2) weeks over the Christmas period.

Arrival/Departure Expectations: Parent/Legal Guardian Initial: _____

Children/youth will meet the staff at the beginning of the activity at the designated location; I understand that staff are not responsible for my child/youth in transition to and from the program facilities and that my child/youth requires written permission to walk home unsupervised. I will provide written consent if another adult is to collect my child/youth (note, persons unknown to staff will be required to show photo ID at the time of collection). I will collect my child/youth on time and I understand that I will accrue penalty charges of \$5.00/child for every fifteen (15) minutes (or part thereof) that I am late. I understand that if I am late, and staff are unable to contact my child/youth's emergency contact person, the Military Police/Royal Military Police may be contacted and my child may be released in their care.

Clothing Requirements: Parent/Legal Guardian Initial: _____

I understand that it is my responsibility to ensure my child/youth is dressed appropriately for the activity and the weather. I will provide indoor footwear on wet, snowy or muddy days. I understand that I will be contacted and requested to bring additional clothing if staff determine that my child/youth does not have appropriate attire.

I believe that the facts stated in this Kids Connection Registration and Waiver Form are true. I have read, understood and agree to the terms included in this registration contract.

Parent Signature: _____ Date: _____

Staff Witness: _____