



# Before School Program 2020/21 Application Form

The Osgoode Youth Association's Before School Program is for children in Grades 2 - 6 and runs Monday - Friday. There are 2 Registration Options to choose from (detailed below) Space in this program is limited and registration is accepted on a 'first come, first served' basis. Please visit [www.o-ya.ca](http://www.o-ya.ca) for details. There are only full time spaces available in O-YA's Before School program. Please read the online Parent Handbook for program details / rules. Fees payable by cheque, email money transfer or direct bank account debit.

**Full Time** (Monday - Friday: Drop off from 6:30 am - 7:30 am until bus pick up) \$160 / month

**Part Time** (Monday - Friday; Drop off after 7:30 am - bus pick up) \$130 / month

## STUDENT INFORMATION

Student's First & Last Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Age as of September 2020: \_\_\_\_\_

Phone Number: \_\_\_\_\_ English or French class: \_\_\_\_\_

School: \_\_\_\_\_ Grade in 2020/21: \_\_\_\_\_

Email for Program Info / Updates: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

First & Last Name #1	First & Last Name #2
Relationship to Student:	Relationship to Student:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Home Address:	Home Address:
Email:	Email:

## EMERGENCY CONTACT INFORMATION

In the event of an emergency, O-YA's first attempt will be to contact the participant's parents / guardians. In the case that parents / guardians are unreachable, we will contact the persons named below in the order that they are listed.

### Contact # 1

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

Telephone: \_\_\_\_\_

### Contact # 2

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

Telephone: \_\_\_\_\_

## MEDICAL INFORMATION

Student's Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Student's Health Card (optional): \_\_\_\_\_

Is your child taking any medication (oral, injection or inhaler)?  YES  NO

If yes, may we have permission to administer this medication if required?  YES  NO

Does your child have any life-threatening allergies?  YES  NO

If yes, please specify \_\_\_\_\_

Medical information which staff should be advised of:

\_\_\_\_\_

Does your child have any special conditions, including the following, which may impact their participation in the program? behavioural • communication • emotional • developmental • physical • social • mental illness • ADD • ADHD

• dietary  YES  NO

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Other information you feel we need:

\_\_\_\_\_

\_\_\_\_\_

## Permissions Granted

1. My child will:  be picked up  leave on their own  both
2. List who is allowed to pick up your child (*the person picking up your child may be asked to show picture ID*)
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

If there are any access or custody restrictions, please provide legal documentation to O-YA Management.

3. May we have permission to take your child's photograph or video which may be used online, in print, electronic media and / or community newspapers for the promotion of O-YA programs and services?
- YES  NO
4. May we have permission to take your child on local trips that may include areas such as The Community Centre, walks to the park or around the Osgoode neighbourhood?
- YES  NO
6. May we have permission to act in complete authority to authorize any medical attention to your child by a qualified physician in the event of an emergency while your child is in the care of the Osgoode Youth Association.
- YES  NO

## Consent, Release of Liability, Waiver of Claims, Assumption of Risks & Indemnity Agreement

### Please read carefully

*I, agree and understand that my child, named on this form, a minor pursuant to the Age of Majority and Accountability act, has my permission to participate in the Osgoode Youth Association's Before School Breakfast program. As the Parent or Legal Guardian of the child registered in this program, I and my child agree to indemnify and hold harmless the Osgoode Youth Association from all claims, demands, actions and causes of action, loss, costs or damages that the Osgoode Youth Association may suffer, incur or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or actions while my child is participating in this program. Furthermore, I and my child hereby release, waive and discharge the Osgoode Youth Association from all liability to our heirs, executors, administrators for all loss or damage and any claim or demands for such loss or damage due to injury to person or property.*

*By signing this agreement, I and my child understand that my child will be assuming injury and certain legal risks. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions contained in this agreement prior to signing it.*

\_\_\_\_\_  
Parent / Legal Guardian (print your name)

\_\_\_\_\_  
Parent / Legal Guardian (signature)

\_\_\_\_\_  
Date



## O-YA Before School Homework Club Code of Conduct

As a community based not-for-profit organization, O-YA's relationship with our clients is critical to our success, and we will do our best to provide a safe and enjoyable environment with high quality and fun programs. As an employer, O-YA is responsible to provide its employees with a rewarding, challenging and safe work environment. For these reasons, O-YA has expectations of our clients in our day to day operations:

### Client Code of Conduct

1. Treat fellow participants, O-YA staff and volunteers with respect and courtesy. Disrespectful behaviour, including harassing clients or staff, is not acceptable. Respectful behaviour is simple: keep your hands and feet to yourself, speak nicely to each other, listen to O-YA staff and volunteers, ask a Youth Worker for help if you need it.
2. Take care of O-YA's facility, equipment and furniture.
3. Keep valuable / personal items in your backpack, or with you, at all times. O-YA is not responsible for lost or stolen items. Electronic devices including cell phones, ipods, video games are only allowed during 'Fun Friday' program hours. On other days, these items will be taken away and given back upon sign out.

### Refusal of Service

O-YA makes every effort to work with clients to continue service, but failure to respect the above Code of Conduct may result in refusal to serve.

Behaviours which are unacceptable will be communicated to parents at sign out. However, based on the intent and severity of an incident, participants may be asked to leave before 5:30. If your child is asked to leave, parents/guardians will be expected to come directly back to O-YA for pick up. Again, based on the intent and severity of the incident, or if a participant has been sent home 3 times, individuals may be asked to permanently leave the program. Individuals may be asked to leave:

1. Where a manager and an employee agree that a participant has contravened the above Code of Conduct.
2. Where a participant threatens or harms fellow group members, staff or volunteers or is disruptive to the group's ability to function.
3. Where a participant behaves violently, or is threatening or obscene in interaction with employees, volunteers or other service users.

I understand O-YA's Client Code of Conduct and the consequences for contravening the Code.

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Parent / Guardian Full Name (printed)

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Parent / Guardian (signature)

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Date Signed



# O-YA Before School Breakfast Club 2020/21 Payment Form

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

## PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

**OPTION 1**

I authorize the Osgoode Youth Association to debit the following Bank Account:  
For this Pre-Authorized Bank Debit Option, please include a personal cheque, unsigned and marked VOID.\*

Account Number: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Transit Number: \_\_\_\_\_  
Branch Address: \_\_\_\_\_

You may obtain a sample cancellation form or further information on your right to cancel this Personal Pre-Authorized Debit (PAD) Agreement at your financial institution, or by visiting the Canadian Payments Association website: [www.cdnpay.ca](http://www.cdnpay.ca). You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**OPTION 2**

I will write a series of 10 postdated cheques (payable to The Osgoode Youth Association) for the months of September 2020 - June 2021. Dated first of each month.

**OPTION 4**

I will email money transfer my Before School Program fee at the first of each month to [info@o-ya.ca](mailto:info@o-ya.ca) from September 2020 - June 2021.

### Program cancellation / Refund Policy:

Participants in O-YA's Before School Program & After School Homework Club must provide 1 full month notice to withdraw payment from the program. For example, if you cancel registration in the middle of May, you must pay for the remainder of May, plus the full month of June.

I authorize the Osgoode Youth Association to debit the above mentioned bank account monthly on (approximately) the 15th day of each month; starting Sept. 2020 and continuing monthly until June 2021, or otherwise directed by the undersigned.\*

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature\*\*)

\_\_\_\_\_  
(date)

\*\* for joint accounts, all depositors must sign if more than one signature is required for writing cheques.