



1740 24 Ave S.E, Calgary, AB, T2G 1P9

403-263-2151

After hours emergency

705-507-0636

587-227-3595

[Colonelwalker.com](http://Colonelwalker.com)

[colonelwalkerprograms@gmail.com](mailto:colonelwalkerprograms@gmail.com)

Child Registration





COLONEL WALKER PROGRAMS

**Registration Form**

*(This is a Confidential Registration- all fields must be completed)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Year/ month/ day

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent(s) / Guardian(s) Information:** (Certified copies must be provided if there are any court orders or interim orders that deal with issues of custody and access to the child.)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

**Alternate / Emergency Contact:** (Only those names on the permission list or alternate/ emergency contacts will be allowed to pick up the child, unless a written request is received. Identification will be requested.)

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

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Others with Permission to pick up your child: \_\_\_\_\_

**Personal Health Information**

Allergies: \_\_\_\_\_

Epi pen/Inhaler required: Yes No

Children with lifesaving medicine always require the above medicine to be available at the program, along with a completed medication form.

Are you child's immunizations up to date: Yes No

List any regular medicine that is required and when/where it is to be administered:

(i.e.: EPI Pen, Asthma Inhalers/ at home, at program): \_\_\_\_\_

Does your child have any physical or emotional conditions that would require CWP to adapt the programming ensuring inclusiveness for all children to participating in the activities? Please explain:

\_\_\_\_\_

Does your child have any past or present health information that the program needs to be aware of examples: dislocates arm easily, nose bleeds, migraines etc. \_\_\_\_\_

\_\_\_\_\_

Fees are listed in the parent handbook; I have read the parent handbook: \_\_\_\_\_ parent Initials.

**Please indicate Programs:**

**Grades 1-6**

\_\_\_ Before School \_\_\_ After School \_\_\_ Hot Lunch

**Kindergarten**

\_\_\_ Before School \_\_\_ Kindergarten PM Full Time \_\_\_ Kindergarten PM Part time (Please specify days)

Please indicate if your child can play the Wii at the program. All games are child oriented. Your child will have a time limit of 20 minutes on the days the Wii centre is open.      Yes      No

Please indicate if your child can view movies on Movie Fridays. All movies are rated.      Yes      No  
G or PG. Alternative choices of activities is always provided. Children may bring pop corm for movies.

The program would be interested in learning about cultural or ethnic holidays that your family celebrates, or that you would be willing to share with the program: \_\_\_\_\_

**On/Off Site Activity Release:**

I / We give permission for \_\_\_\_\_ to participate in all on site/off site activities.  
Child's Name

Within the community, including but not limited to walks in the neighborhood, playing at a neighborhood park, and skating at Inglewood rink. I understand I will be notified in advance of any in-community, off site activities. I / We understand that every care and attention will be given to the safety, health and comfort of the children, however the staff cannot be held liable for any injuries sustained which were not directly caused by gross negligence.

I hereby authorize the Colonel Walker Programs to secure such medical advice and services deemed necessary for the health and safety of my child and agree that I, the parent/guardian will accept financial responsibility in excess of the benefits allowed by provincial health insurance plans.

\_\_\_\_\_  
Parent / Guardian Signature      Date

**Conditions, Guidelines and Procedures- Parent responsibility**

1. Please report any absences at your earliest convenient.
2. Cancellation of any program is required in writing two weeks in advance.
3. Refunds will not be issued for partial months or absences.
4. All fees are due at the beginning of each month when you receive your invoice via the email on file.
5. Outstanding balances past 90 days will result in suspension from all programs until account is paid in full. A notice of suspension will be issued just prior to the suspension.
6. Outstanding Fees from the previous year will require a first and last month's deposit to reregister in September.
7. Fundaze require a separate registration and must be paid by the registration deadline to be accepted.
8. Fees 30 days in arrears will be invoiced the following month a \$20 late payment fee.
9. There is a \$35.00 processing fee for each NSF/ returned cheque.
10. I authorize Colonel Walker School disclosing information about my child's absence from school to the Colonel Walker Programs Staff daily.
11. Late pick up fee from 5:30- 5:45pm is \$10, 5:45 – 6:00 pm is \$15, **and Children left past 6:00 pm will be transferred to Child Protective Services with the Calgary Police.**

**I/We certify that I/We have read and understood the statements for the Conditions, Guidelines, and procedures.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent responsible for childcare fees)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent responsible for childcare fees)



1740 24 Ave S.E, Calgary, AB, T2G 1P9  
403-263-2151 cell 403-370-7519

Date: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_  
Parent / Guardian Name

to walk to/from the Colonel Walker Programs at Inglewood Community Hall 1740 24 Ave S.E, Calgary, AB T2G 1P9 and to/from the Colonel Walker Community School @1921 9 Ave S.E, Calgary, AB T2G 0V3.

(Please v the items that apply to your child)

\_\_\_\_\_ I understand that my child will be **directly supervised** to/from the school and the Colonel Walker Programs located at The Inglewood Community Hall by the staff of The Colonel Walker Programs.  
(kindergarten to 8 years old)

\_\_\_\_\_ I understand that my child **will not be directly supervised** to/from the school and the Colonel Walker Programs located at the Inglewood Community Hall by the staff of The Colonel Walker Programs. Attendance will be taken upon arrival at the program. Staff will call parents to confirm absences. (For ages 9 and older only & only with program approval)

\_\_\_\_\_ I give permission for my child to walk unaccompanied to our home from the Colonel Walker Programs. I understand that I will be assuming responsibility for my child once they have left the Colonel Walker Programs. The following conditions must apply: \_\_\_\_\_  
\_\_\_\_\_

Our address is: \_\_\_\_\_  
(For ages 9 and older only or with an accompanying sibling 9 years or older)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program/ Alternate Director

\_\_\_\_\_  
Date

**Child Guidance Policy** (Reviewed April 2021)

***The discipline Policy of Colonel Walker Programs is based on these basic facts about children:***

- Children need guidance to achieve self-direction
- They need help developing skills to make wise decisions for themselves
- They need protection for their health and safety
- They need limits, directions, and rules to abide by
- The discipline directed toward them must be geared to the development of self-respect, healthy interpersonal relationships, and skills in problem solving
- We believe that intervention and communication should be the focal point of any child guidance. Children should be taught how to communicate with each other and to try not to rely on the supervisors to solve all problems. If the child cannot find a solution, a supervisor will step in to help with a solution. All action taken by the staff will be reasonable in the circumstances. Problem solving is a life skill the children will use after they have left us.

Therefore discipline is designed to teach children desired behaviour. It includes the concept of modeling or setting an example of behaviour we want the children to learn. Discipline requires an attitude of calmness, consistency, and commitment to be effective.

These goals are achieved through the use of the following values of **RESPECT, RESPONSIBILITY, AND SAFETY.**

**WE WILL DEMONSTRATE RESPECT BY:** Treating others as they would like to be treated themselves, listening carefully to any person that is speaking, and caring for personal and program property.

**WE WILL DEMONSTRATE RESPONSIBILITY BY:** Making wise choices; playing safely, being courteous, and taking steps to stop bullying.

**WE WILL DEMONSTRATE SAFETY BY:** Walking to and from the Community Centre in an orderly manner, keeping hands, feet, and other body parts to ourselves, picking up toys, materials, and placing our belongings in appropriate places (coats hung up, agendas and lunch bags inside backpacks, etc)

UNACCEPTABLE BEHAVIOURS ARE THOSE THAT INTERFERE WITH THESE VALUES, THEY INCLUDE ALL ASPECTS OF **BULLYING** BUT ARE NOT LIMITED TO EVERYTHING LISTED BELOW:

**Physical:** Pushing, grabbing, hitting, pinching, spitting, tripping etc.

**Alienation:** Gossiping, embarrassing, ethnic or gender put downs, excluding from the group, etc.

**Verbal Aggression:** Mocking, put downs, swearing or offensive remarks, abusive conversations, gestures, yelling, name calling, etc.

**Intimidation:** Threatening or forcing others to do something against their will, threatening with an object, playing a mean joke, daring, etc.

**Mimicking:** Sticking out their tongues, making faces behind someone, repeating others on purpose, etc.

Any unacceptable behaviour that interferes with the values of **Respect, Responsibility, And Safety** may include more than one of the following consequences, within reason within the context of the situation and circumstances.

1. Verbal reminder/conversation
2. Redirection towards a positive interaction with others
3. Thinking time/student think sheet
4. Accident/Incident Report written, and Parent/Guardian notified
5. Meeting between parent/staff/program coordinator
6. Suspended up to three days (must be approved by Parent Council -Parent- Liaison)
7. Removal from Program Permanently (Must be Approved By Parent Council -Parent- Liaison)

*Punishment of any kind is not acceptable or permitted by any staff. Staff will not inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation. Basic necessities will not be denied or threaten to be denied. No form of physical restraint, confinement or isolation will be allowed.*

*If a child is non-compliant and is in immediate danger of harming themselves or others, the parent will be immediately notified of the situation and requested to remove the child from the program. For theirs and others safety, the child will be required to stay with the parent the remainder of the day. Copies of child Guidance Policy is located in both the parent handbook and children's registrations forms; signed copies are kept in the children's files.*

My child and I have read, discussed, and understand the statements above:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Childs Signature: \_\_\_\_\_ Staff: \_\_\_\_\_

# Colonel Walker Programs

## *Child Specific Information Consent*

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission for any of the following interactions. Please check off each item to which you give your consent, and sign below:

- Confirming absences with the school (included in registration)
- Collecting of paperwork on your behalf from/ to the school.
- Interactions that will concern the program regarding your child from the school, school administrators or teachers.
- Outside agencies or resources that have been requested by yourself
- Written communications from you to other parents, examples: notes, invites, confirming play dates etc.

Communication Policy (Revised July 4, 2012)

The Colonel Walker Programs requires that ongoing communication occurs on a regular basis between staff, families, children, board members and school administration; these communications, either by phone, email or in person are documented in the staff communication book. Child specific information is shared only with parental consent and requires a signed consent from the parent. The staff are available to answer any questions you may have regarding activities posted (or taking place), as well as any questions about your child's day. The program will provide access to any information and community resources to the families on our bulletin board(s), a parent resource binder located on the counter leading into the kitchen.

Parents/guardians will be asked to complete surveys from time to time, evaluating the program and giving feedback in order to help us better serve family's needs. Parents receive monthly newsletters. They may also check the notice boards for any information posted about the program and upcoming events. They may become further involved by attending parent board meetings or serving on the Parent Association Board. Parents may participate at any time with their child at the program as a part of our Open Door Policy. Staff and administration will be available at any time to discuss any issues or concerns families may have. They will be handled in a timely manner, respectfully and confidentially.

Child/ren Names: \_\_\_\_\_

I am the parent/legal guardian of the child named above, and I have read and understand the information provided on this form. I voluntarily give the Colonel Walker Programs permission to use the above interactions concerning my child as described above.

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
Date

# Colonel Walker Programs

## Media Consent Agreement

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

- Placing photos of your child around the center.
- Placing photos of your child in the programs scrap book
- Placing photos of your child in our monthly newsletter
- Using photos of your children on our Web site.
- Posting artwork and other crafts that include your child's first name around our center.

All or portions of the pictures referred to above will become part of Colonel Walker Programs' database and may be adapted for other applications or displays. Children's' group or individual photograph that will be used will not contain names, ages, or other identifying personal information. Once photographs are released in any public forum, the Colonel Walker Programs cannot control or prevent further distribution or use of the photograph by those who access the picture.

Parents are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates a refusal to consent.

Consent to Release- Parent/Legal Guardian:

Child/ren Names: \_\_\_\_\_

I am the parent/legal guardian of the child named above, and I have read and understand the information provided on this form. I voluntarily give the Colonel Walker Programs permission to include my child in media coverage and its subsequent use as described above.

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
Date



# Colonel Walker Programs

## *Non prescribed medicine Consent*

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission for any of the following interactions. Please check off each item to which you give your consent, and sign below, all items must be supplied from home (with the exception of hand sanitizer) within the original container with the child's name written on the item:

- Applying sunscreen according to label
- Applying insect repellent according to label
- Applying kids polysporin to scrapes or minor injuries according to label
- Applying Benadryl- bug bite to insect bites or hives according to label
- Applying hand cream according to label
- Applying Chap stick according to label
- Applying anti-bacterial hand sanitizer according to label and Alberta health recommendations - available at the program

### **\*Health Care Policy**

The Colonel Walker Community School Association may provide or allow for the provision of health care to a child only if the written consent of the child's parent has been obtained or the health care provided is in the nature of first aid. Only staff with a current first aid certificate will be designated to administer first aid.

### **\*Administration of Medicine**

Only once the program has written consent will medications be administered. The medicine must be in its original labeled container with the child's name written on it. All medication must be administered according to labeled directions. Only staff with current first aid certification will be designated to administer medications. The medication shall be administered privately to ensure the dignity of the child. Apart from medication that may be needed in an emergency, all other medication will be stored in a locked box inside the locked kitchen fridge, out of reach of children. A permission form must be signed by the parent that includes the following information:

1. Child's name
2. Medication name
3. Dosage/ amount to be administered
4. Time to be administered
5. Start date and end date
6. Parent signature
7. Initials of person administering the medication.

All medication forms shall be maintained in a confidential manner and stored inside the locked box until the medication is finished.

Child/ren Names: \_\_\_\_\_

I am the parent/legal guardian of the child named above, and I have read and understand the information provided on this form. I voluntarily give the Colonel Walker Programs permission to use the above interactions concerning my child as described above.

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
Date

# Colonel Walker Programs

## Kids Likes and Interests for daily Programming

What kind of art and crafts ideas do like?

What kind of centers do you like?

What kind outside activities do you like?

What kind of games inside & outside do you like?

What kind of clubs do you like?

Are there activities that you would like to see at the program? (Board games, centre ideas etc)