

"BASC" (Before and After School Care) 2016 – 2017 Application

(All Information On This Form Is Strictly Confidential)

#1 - Child's Name		Grade		
Date of Birth: Day	Month	Year		
# 2 - Child's Name		Grade		
Date of Birth: Day	Month	Year		
# 3 - Child's Name		Grade		
Date of Birth: Day	Month	Year		
Home Address Home Phone #				
Mother Name		Father Name		
Cell #		Cell #		
Place of Work		Place of Work		
Phone #		Phone #		
E-mail		E-mail		
If necessary, in the event that seek medical attention for my	I am not availab	le, the staff of St. Charles has my permission to		
Parent signature				
Child(ren)'s Doctor		Phone #		
		Medical #		
Personal (PHIN) #1	#2	2 #3		
	-	our child in the program (allergies, illnesses,		
injuries, etc.) If you are separated or divorced	, may the child's c	our child in the program (allergies, illnesses, other parent visit the child, pick them up from ction or court order? Yes \(\bigcup \) No \(\bigcup \)		
injuries, etc.) If you are separated or divorced	, may the child's o	other parent visit the child, pick them up from ction or court order? Yes \(\bigcap\) No \(\bigcap\)		
injuries, etc.) If you are separated or divorced BASC? Yes ☐ No * ☐ * If No	, may the child's o , have you an injund ick Up My Chil	other parent visit the child, pick them up from ction or court order? Yes No Court order? Yes No Court order?		
injuries, etc.) If you are separated or divorced BASC? Yes ☐ No * ☐ * If No Person(s) Authorized To Pi	, may the child's o , have you an injund ick Up My Chil rized to pick my c	other parent visit the child, pick them up from ction or court order? Yes No Court order? Yes No Court order?		
If you are separated or divorced BASC? Yes No * * If No Person(s) Authorized To Pi The following persons are authorized Name	, may the child's control in the child in the child's control in the child's control in the child	other parent visit the child, pick them up from ction or court order? Yes No Court order? Yes No Court order? No Court order? No Court order? No Court order? Yes No Court order?		



"BASC" (Before and After School Care)

Dear Parents,

Throughout the year, the students of St. Charles BASC programs will be participating in low-threat field trips to places like Oak Hammock Marsh, Six Pines Farm, Fort Whyte Center, Manitoba Museum, Academy Lanes Bowling Alley, Manitoba Theatre for Young People, Winnipeg Art Gallery, Harbourview, University of Manitoba, University of Winnipeg, as well as other sites.

ELEMENTS OF RISK

Educational activity programs, such as those listed above involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. A few examples of the type of accident which one is at risk of having occur while on these field trips are:

- 1: Injuries related to vehicle crashes en route to and from activity area;
- 2: Becoming lost or separated from the group or the group split up.
- 3: Injuries related to slips, trips and falls.

These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School or its employees or agents, or the facility where the event is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you will bear the responsibility for any accident that might occur. St. Charles Catholic School does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

TRAVEL FOR FIELD TRIPS

Sincerely,

Travel for field trips is usually arranged by school bus, however there may be times when students will travel by car to/from specific field trips. Students may also be travelling by car when participating in after school sports activities. All volunteer drivers must have a recently completed Child Abuse Registry Check, as well as copies of insurance and driver's license kept in the office.

Dr. A. P. Penny Principal			
ACKNOWLEDGMENT I/We have read the above and understand t associated with doing so. I/We also unders with a volunteer parent.			
Please Print Student(s)'s Name: #1	#2	#3	
Cignoture of Doront/Cuardian	D	ata.	

Please note that STUDENT PARTICIPATION PERMISSION FORMS with the specifics of each field trip will be sent home prior to the field trip. ELEMENTS OF RISK FORMS will only be sent home for high-risk activities.