

SMOKY RIVER FAMILY & COMMUNITY SUPPORT SERVICES
Home Alone Registration Form

Name	Date of Birth	Age	Alberta Health Care Number	Medical Condition Y or N

Mailing Address _____ Phone _____

Parents/Guardians Name & Phone Numbers:

Emergency Contact Name: _____ Phone: _____

Allergies and or medical conditions:

I/We do hereby give permission for the above child/ren to attend the Smoky River FCSS's Home Alone Program on May 6th 2017.

Note: The Home Alone program does not give permission to the child/youth to stay at home. It is the responsibility of the parent to make the decision whether the child/youth is mature enough to stay home alone.

SMOKY RIVER FCSS Home Alone Program

I _____, do hereby give permission to Smoky River FCSS to take pictures of my child/children during Home Alone activities. The pictures would be used for promotion of the camp, FCSS website, FCSS Facebook page, internal reporting (municipal and provincial reports) and for the provincial FCSS "Power of Prevention" calendar. Children will not be identified by name but the photos would only be titled as the Smoky River FCSS Home Alone Program.

DISCIPLINE POLICY

Smoky River Home Alone Program are here to provide a safe environment where we learn and grow together. We maintain a strict policy against any displays of violence, bullying, unsafe conduct and foul language. Supervisors will evaluate the circumstances and take appropriate disciplinary action when required.

SMOKY RIVER HOME ALONE PROGRAM PICK UP CONSENT & INFORMATION FORM

Please list everyone who may pick up your child from the Home Alone program on May 6th 2017 (other than parent/guardian).

1. Name: _____ Relationship: _____
Contact Information: _____

2. Name: _____ Relationship: _____
Contact Information: _____

I, _____ (parent/guardian) have read and understood Smoky River FCSS's youth policies and procedures. I understand that it is my responsibility to keep the information on the registration form up to date and accurate.

Attention: Parents/Guardians

Please be advised that you are responsible for dropping off and picking up your child/children **on time**. If, for some reason, you are unable to pick up your child/children, please advise the Home Alone Coordinator or FCSS by phoning 780-837-2220 and advising who will pick up your child/children.

Should you require a form so that your child may walk home from the program, please contact the office during office hours.
Should you require a copy of Smoky River FCSS' youth policies and procedures for the Home Alone Program, please contact the office at 780-837-2220 during office hours.

I _____ parent/guardian of _____ have read and understood the () photo waiver, () pick-up consent and information form, () discipline policy and () Smoky River FCSS policies and procedures.

Parent/Guardian Signature

Staff member signature