



CENTRAL HURON AFTERSCHOOL PROGRAMS (CHAPs)

'HAY' kids!

Do you like horses? Would you like to learn how to ride and care for them?

Do you like to cook? Want to learn how?

Need help with your homework?

Want to have some fun and try new things after school?



'HAY' PARENTS!

Your kids will gain valuable skills and learn about healthy eating, physical activity, and have fun learning to ride and care for horses and so much more.

There is no cost to you for this program. Funding is through the Ontario Ministry of Health Promotion.

The program runs on Tuesdays, Wednesdays and Thursdays during the school year from 3:30 p.m. to 6:30 p.m.

We are investigating the possibility of transportation to and from CHAPs. Please contact Cindy at 519 482 3998, Ext. 1482 at REACH if you are interested in this option.

For more information, call REACH at 482-3998, Ext. 1492 and leave a message.



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Registration Form - 2009/2010

Name of child/youth: _____ Date: _____

Address: _____ Postal Code: _____

Date of Birth: _____ Age: _____

Contact Person: _____ Phone: _____

Note: Your child will not be registered without a reliable emergency contact – which must be different from the home contact.

Emergency Contact: _____

Address: _____

Phone number: _____

Session Outline:

Afterschool Programming runs after school on Tuesdays, Wednesdays and Thursdays, 3:30 p.m. – 6:30 p.m. at REACH in Clinton. **The program is designed for children and youth from grade six and up!**

Children are to be picked up promptly no later than 6:30 p.m. Program staff must be informed of how children will get home. (i.e. another responsible adult will pick up or if the child is able to walk home alone etc.).

A monthly calendar of events will be sent home with children/youth. It will also be available at your child's school and on-line on the REACH website at www.reachhuron.ca.

Kids will be provided with healthy nutritional snacks, homework assistance and an introduction to the REACH horses. The Afterschool Program is free of charge to families, as funding was made available through the Ontario Ministry of Health Promotion.

Over ...



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Registration Form - 2009/2010 continued

Special health, dietary, or behavioural concerns

Specific food(s) allergic to: _____

Specific food(s) intolerant to: _____

Reaction to food: _____

Other Allergies: _____

Suggested precautions and treatment: _____

Has the child/youth been diagnosed with anaphylaxis? Yes _____ No _____

Does the child/youth carry an 'EpiPen'? Yes _____ No _____

Cultural Food restrictions: _____

Other dietary concerns: _____

Special needs, health or behavioural issues: _____

Signature of Parent or Legal guardian

Name: _____ Signature: _____



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Media Release Consent Form

I, _____ hereby give consent to my child/youth to be filmed, audio
PRINT Name of Parent/Guardian
 taped, interviewed, videotaped, or photographed by the media (print and broadcast), employees,
 and volunteers of REACH and the Central Huron Afterschool Programs during sessions from
 November 2009 to June 2010.

Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____

Participant Waiver Form

I, _____ hereby give consent to my child/youth being involved in
PRINT Name of Parent/Guardian
 the Central Huron Afterschool Programs. I understand that participation in this program may involve
 participant's interaction with horses, use of cooking equipment and tools in a busy kitchen
 environment. I understand that participation in this program involves physical activity. It is
 understood and expressly agreed to by the parent/guardian that by signing this form and taking part
 in After School programming, the participant releases, indemnifies, and hold harmless, REACH
 Employees, volunteers and contractors, from any and all liability of any kind for any damages and/or
 injuries incurred in connection with the participants attendance in the After School Program. I also
 understand and accept the risks inherent in the contact with the horses, preparation, cooking and
 eating of food with other people in the kitchen.

NAME OF CHILD/YOUTH: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____