Your child is invited to be a part of the virtual  
Big Brothers Big Sisters After School Program!



The program is coordinated and facilitated by  
 Big Brothers Big Sisters of Lanark County



Dear Parent/Guardian(s),

Your child is invited as a participant in the virtual Big Brothers Big Sisters After School Program:

***Big Brothers Big Sisters Virtual After School Program Description:*** *Using a combination of physical activities, positive self-esteem building activities, mental health promotion and mentorship, BBBS staff and volunteers will provide an active, safe and supportive environment for children to develop and enhance a healthy life style through physical activity, mental health promotion, and fun.*

If you are interested in having your child participate in thevirtual After School program, **please complete the enclosed:**

1. Child Profile Form 3. Media Consent Form

2. Informed Consent Form 4. Expected Behaviours Form

and email them to natalie.downing@bigbrothersbigsisters.ca. If you are unable to email the form, please call the office at 613-283-0570.

**Please note we try our best to accept children on a first come first serve basis, and we will contact you to let you know the status of your child’s application to the virtual after school program.**

Program Details:

* The program is of no cost and will take place virtually online on Mondays from 4 p.m. – 5 p.m.
* The program will take place online via Microsoft Teams.
* The program is scheduled to start on Monday, October 26th, 2020
* This program is open to all students from grade 2 to 6
* The program is facilitated by a Big Brothers Big Sisters Staff with volunteer mentors assisting

Thanks for your interest,

***Natalie Downing***

*Program Coordinator*

Big Brothers Big Sisters of Lanark County

[natalie.downing@bigbrothersbigsisters.ca](about:blank)

**\*Please Keep This Page\***



**1. Child Profile**

**Please print clearly and fill out both sides of each page.**

|  |  |
| --- | --- |
| Child’s Name: | Date of Birth: |
| Address:  Postal Code: Gender: | |

Parent/Guardian Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Guardian, please note relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check this box if you wish to receive information about events for your child, programs, updates, agency newsletters and opportunities. These updates are emailed once every 1-3 months.

Please check this box if you or someone you know might want to volunteer with our programming

**School Information**

|  |  |
| --- | --- |
| School Name: | |
| Grade: | Teacher: |

How does your child generally get along his/her teacher, the principal, the custodians and his/her peers?

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How is your child doing in school?

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Does your child have conflicts at school? (Bullying, aggression, behavioral issues) ( ) Yes ( ) No

If yes please comment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, please indicate how often.

( ) Often ( ) Occasionally ( ) Seldom

**Medical Information**

Does your child have any medical concerns, conditions or allergies? ( ) Yes ( ) No

If yes, please explain.

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Is your child on any medication? ( ) Yes ( ) No

If yes, please give details.

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Do you think your child has any emotional challenges? ( ) Yes ( ) No

If yes, please explain.

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**Relationships**

As far as you know, how does your child get along with peers at school?

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Please describe your child’s personality. (For example: mood, temper, maturity level.)

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Please indicate which qualities best describe your child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ( ) Friendly | ( ) Outgoing | ( ) Shy | ( ) Withdrawn | ( ) Physically Aggressive |
| ( ) Lonely | ( ) Carefree | ( ) Busy | ( ) Overactive | ( ) Verbally Aggressive |

**Other Information**

Is there any information that you would like to add to this application that will help us to serve your child’s needs better

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# Informed Consent (Virtual Group program) – Covid-19

I hereby give permission to Big Brothers Big Sisters of Lanark County (BBBSLC) to make available their service to my child. It is my understanding that the intention of the Agency is to offer my child an opportunity to participate in a group program lead by a responsible adult, (minimum 18 years old), I understand that all efforts will be made to select a responsible Mentor who will facilitate the group program.

In consideration for this service and other valuable consideration provided to my child by BBBSLC, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof.

I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program. I further agree that information about my child may be shared, at the discretion of BBBSLC, with the group facilitator so that my child’s needs may be best met.

I understand that this application is the property of BBBSLC. I also agree that my child will participate in the Pre- Match Training Program administered by BBBSLC

I understand that my child will be meeting in this group virtually on a pre-determined schedule, decided by Big Brothers Big Sisters of Lanark County. I understand it is the responsibility of the BBBSLC staff and participants to ensure that these virtual sessions are conducted in a safe and respectful manner. I understand that Big Brothers Big Sisters of Lanark County cannot be held accountable for any technical errors with the streaming service used for the virtual after school program.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby request Big Brothers Big Sisters service for my child. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date



**3. Site Based Program Media Consent**

From time to time, group photos of Mentees and Mentors are used to help us in our recruitment of volunteers. This includes use in community newspapers, photo albums, bulletin boards or being displayed in the office. This could include other promotional purposes such as for a slide or video show, promotional material included in media/information kits, or newsletters.

This consent form is required to enable us to use these photos. Please indicate below whether you **do** or **do not** give consent. You cooperation is appreciated.

I, (*print your name*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of

(*print name of your child*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(*check one*) **( ) do** ⁪ **( ) do not ⁪**

consent to photos of my child being published for publicity purposes,

(*check one*) **( ) do** ⁪ **( ) do not ⁪**

consent to my child’s first name (only) to be used for publication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian’s Signature Date

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Staff Signature – BBBSLC Date

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**5. Expected Behaviours Form**

A successful program environment depends significantly upon relationships between the children and youth and the staff to ensure rules are followed consistently. Logical consequences will be applied consistently by all staff and volunteers to build strong relationships with children, youth and their parents/guardians.

The following behaviour log will be used as needed to ensure all of the BBBSLC and virtual program rules are followed. All information, correspondence and outcomes will be appropriately documented in the behaviour log.

As per BBBSLC After School Program resource guide, in the case of an inappropriate behaviour the following actions will be implemented. The participants will have one verbal warning to express that the behaviour conducted is not appropriate in the Virtual After School Program. If the behaviour continues, the participant will then be asked to log out of the virtual program early. If the behaviour continues, the participant will be asked to miss one (1) week of the Virtual After School Program. If the behaviour continues after this, the participant will be asked to no longer attend the Virtual After School Program. At each step, the facilitator will notify the parents by either phone call or email.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date | Comments | First  Warning | Sit Out | Call Home | Miss 1 Week | Removal |
|  |  |  |  |  |  |  |  |

I (Parent/Guardian) have read and understand the expected behaviours of the Virtual After School Program and I agree to the following use of logical consequences as outlined in the behaviour log.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian) (Date)