



Awo Taan Healing Lodge Society
“Youth and Family Support Program”
(403) 531-1970 extension 216 or 217

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PARENT’S HANDOUT & REGISTRATION FORM

Welcome to the Awo Taan Youth & Family Program. Awo Taan offers an exciting program for girls, boys and youths, teens; ages (7 to 17) five days a week. The program features experiential learning, as well as social, recreational, and cultural activities.

Please complete the registration forms and the health questions. All forms must be prepared prior to your child’s enrolment and should be in our files by the child’s first day of the program. This is a requirement for the child to enroll in the program and it is free.

CANCELLATION

When CANCELLING ENROLLMENT we ask for you to call our office. If you have just changed your telephone number or address please call our office so we can send the calendars to the correct address.

PICK UP POLICY

All children are asked to be picked up at the end of the program. Please refer to monthly calendar for scheduled times. If your child has not been picked up within a half-hour of the program conclusion, and a parent or other contacts cannot be reached, Social Services and/or the local police will be called. If a child lives within safe walking distance, we need written permission from the parent/guardian for the child to walk home. All parents/guardians are responsible for their child/youth once the program has ended for the day.

HEALTH ISSUES

Parents are asked to not bring their child/youth to the program if their ill. Parents will ask to take their child/youth out of the programs if child/youth are ill; so other child/youth are not affected.

STAFF

The Awo Taan employees are qualified with Post Secondary Training and have experience working with children/ youth. Employee’s skills are upgraded on a regular basis and First Aid Certification is required.

REGISTRATION FORM

To be filled out by a parent or legal guardian.

Name: _____ Date of birth: _____

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Name: _____ Date of birth: _____

Home address: _____ Home Phone: _____

Mailing address: _____ Postal Code: _____

Mother's/ Legal Guardian name: _____ Phone #: _____

Father's/ Legal Guardian name: _____ Phone #: _____

Email address: _____

Adult to be reached if you cannot be contacted:

Name: _____ Phone: _____

Who other than the child's parents have permission to pick the child up from the program?

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

If anyone other than a listed person attempts to pick up your child, we will call you to pick up your child. If you cannot be reached, or if employees believe conditions warrant, we may also call police and/or Children's Services. Your child's safety is our first concern.

Child's Health Questionnaire

Describe any difficulties or serious illnesses:

Food Allergies: _____

Does your child have any allergies to foods, medications, or contact allergies?

(Yes) (No)

If yes, please list: _____

Is the allergy severe enough to require medication or emergency treatment?

Yes __ No __

If yes, describe in detail any medications required: _____

Diet restrictions (cultural, religious): _____

Note: I am willing for my child, _____, to have medical attention and be taken to the hospital in the case of an emergency if I/we cannot be reached.

Signature of parent(s) or guardian(s)

Date: _____

**Awo Taan Healing Lodge Society and your privacy:
IMPORTANT – PLEASE READ & TAKE ACTION**

At the Awo Taan Healing Lodge, we respect your privacy. We protect your personal information and adhere to all legislative requirements with respect to **protecting privacy and the Freedom of Information and Protection of Privacy Act**. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and update on the Community Youth & Family Support Program activities. Also on other events, programs, services, special events, and opportunity to volunteer or to give, open houses that may benefit the parent or youths in the community. If at any time you wish to be removed from any of these contacts simply contact us by phone at 531-1970. Ext 216 or 217 or email we will gladly accommodate your request.

WAIVER

1. I acknowledge that I have been supplied with all relevant information needed about the activities and the programs that my child/children will be participating in while with the Awo Taan Youth & Family Program Staff. I take responsibility to obtain any further information I require from the Awo Taan Community Youth & Family Support Program. I further acknowledge I am to use to my own judgment about the programs and activities.
2. I acknowledge and confirm that I have voluntarily assumed all risk of loss, and hazards inherent in the nature of these programs and activities. This includes any personal injury or other consequences that my child/children may suffer while participating in these activities/programs.
3. I acknowledge and confirm that it is my responsibility to advise the staff at the Awo Taan Youth & Family Support Program of any medical and/or health concerns of my child/children, that may affect his/her participation in the programs or activities.
4. I consent that the Awo Taan Healing Lodge “Community Youth & Family Support Program” staff, including volunteers, will secure medical advice and services as they see fit using their sole discretion to provide health and safety for my child/children if I can not be reached in a timely manner. In case of an emergency, I hereby consent to the staff and volunteers from Awo Taan Healing Lodge Society’s Staff to administer medical attention and services as they deem appropriate and necessary for my child’s health and safety.
5. **Awotaan Community Youth & Family Support Program may take pictures throughout the program that may be used in the future for promotional purposes.**

Do you permit your child’s picture to be used in this way () Y () N

If no, do you permit your child to partake in non-promotional group pictures? () Y () N

I have read and accepted the above conditions. Subject to the terms and conditions above, I herewith give my consent to the AWO TAAN Healing Lodge Society for my child: (please print) _____ to participate in the activities and programs put on by the Awo Taan Community Youth & Family Support Program.

Parent/Guardian Signature: _____

Date: _____

Conflict Resolution

Should a conflict arise in any of the following ways or variances?

- Yourself and a staff member of the Awo Taan Healing Lodge
- Your child and a staff member of the Awo Taan Healing Lodge
- Yourself and another parent
- Your child and another child
- Yourself and another child

And is disruptive to the group, the following steps will be taken to resolve the conflict.

1. Attempts to resolve the conflict between the parties involved will first be tried.
2. The conflict will be brought to the attention of the supervisor of the Awo Taan Healing Lodge and the supervisor of the partnering agency where the event is hosted.
3. A meeting will be organized between all parties involved including the supervisors of the Awo Taan Healing Lodge employees and the supervisor of the partnering agency where the event is hosted.
4. Strategies will be developed to resolve the conflict which are approved and acknowledged by both parties.
5. An elder may be asked to support the resolution process, and any such meeting will be conducted within a solution focused perspective with the goal of continually learning from each other and strengthening each other.