Waterloo Wayside JUMP Math Tutoring Program

Waterloo Wayside Cooking Club - Healthy Living

Registration Form & Waiver

October 2026 – June 2027 Information received is confidential and is being gathered for the purposes of serving your youth while in the care of Waterloo Wayside. Any medical information collected here serves to authorize Waterloo Wayside, and its partners, staff and volunteers, to obtain medical assistance in emergencies.

Parent/ Guardian Information

Name of Parent/Guardian: _____ Phone Number: _____

Email Address :_____

(a first parent/guardian contact information is mandatory)

Name of Parent/Guardian: _____ Phone Number: _____

Email Address :_____

(a second parent/guardian contact information is optional)

What is the best way to contact you?

( ) phone call ( ) text ( ) email

Emergency Contact (if parent/guardian cannot be reached)

Please contact _____ Phone Number _____

Relationship to child(ren): _____

Participant Information **(Space Available for 2 students – Add additional pages for more)**

Student's Name _____ Date of Birth _____/_____/_____

Grade: 7 ( ) 8 ( )

On which days will your child(ren) participate?
( ) Mondays ( ) Thursdays ( ) Both Mondays and Thursdays

In which components of the after school program will your child(ren) participate?
( ) Cooking Club ( ) Math Tutoring

Health Card Number (optional)_____

Food allergies, food intolerance, dietary restrictions, medication allergies, etc_____

_____

Is your Child bringing any medication with him/her? If yes, please explain:

_____

Does your child have any medical conditions we should be aware of (either physical or psychological)?
If yes, explain. If no, leave blank.

_____

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_____

Safe Travels

The JUMP Math and Cooking Club Program on **Mondays ends at 5:30pm**. The JUMP Math Program on **Thursdays ends at 5:00pm**. Both days run at Emmanuel United Church at Bridgeport Rd West, Waterloo.

Please, mark with an X the options for your son(s)/daughter(s) at the end of the program:

( ) **I will meet** my child(ren) at the end of the program

( ) **Another family member** will meet my child(ren) at the end of the program. If you marked this option

give the person's name, relationship to the child (ren) and their contact information.

Name:_____

Relationship:_____

Contact information: _____

( ) My child (ren) may **walk home** at the end of the program

( ) My child (ren) may **take public transit** home at the end of the program

( ) My child (ren) may **take a taxi home** at the end of the program

Waterloo Wayside Informed Waiver and Consent Form

NOTE: The safety of your child is our primary concern. We will take every precaution for their well- being and protection.

I/we, the parent/guardians named below, authorize Waterloo Wayside After School Program Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Waterloo Wayside from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Waterloo Wayside, as well as of any medical treatment authorized by the supervising individuals representing the Program. This consent and authorization is effective only when participating in events sponsored by Waterloo Wayside.

Purposes and Extent

Waterloo Wayside is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities of Waterloo Wayside.

This information will be maintained in accordance with organizational record retention policies and legal/insurance requirements. If you wish Waterloo Wayside to limit the information collected, or to view your child's information, please contact us.

I have read, understood and agree with the above and sign it to cover all After School Program activities my child(ren) will participate for October 2026 – June 2027.

Parent/Guardian printed name _____

Parent/Guardian signature _____

Date _____/_____/_____