



WAHNAPITAE FIRST NATION AFTER SCHOOL PROGRAM POLICY

Amended by Chief and Council by BCM #WFN 24/25-04-22
At Chief and Council Meeting of: April 30, 2024

Amended by Chief and Council by BCM #WFN 23/23-05-42
At Chief and Council Meeting of: May 8, 2023

Amended by Chief and Council by BCM #WFN 22/23-09-246
At Chief and Council Meeting of: September 28, 2022

Adopted by Chief and Council by BCM #WFN 19/20-06-69
At Chief and Council Meeting of: June, 2019

This policy will supersede any other After School Program Policy that was in place.

Wahnapiatae First Nation

After School Program Policy

1.0 REGISTRATION ELIGIBILITY

- a) Children 4-17 years of age and are Permanent residents of Wahnapiatae First Nation are eligible to register.
- b) Off reserve youth between the ages of 7-17 and are members of Wahnapiatae First Nation are eligible to register.
- c) Registrations will be approved to the maximum number and the remaining registrants will be put on a waiting list.
- d) Registrants on the waiting list may be called when space becomes available.
- e) Cell phones will be put away during programming hours.

2.0 SERVICE LIMITATIONS

- a) The After-School Program will run annually, if program funding is available.
- b) On-site, the maximum number of **school-aged children (ages 4-11 years)** at the After-School Program at one time will be 10 and will be supervised by a minimum of 2 staff members of WFN.
- c) On-site, the maximum number of **adolescent (ages 12-17 years)** in attendance at the After-School Program at any one time will be 15 youth to be supervised by a minimum of 2 Staff members of WFN.
- d) All youth between age 7-17 must be registered to attend programming provided by Wahnapiatae First Nation.
- e) Parents/Guardians must be oriented to the program and complete all required Forms/Waivers.
- f) Programming may be cancelled or closed due to unforeseen circumstances with short notice and parents are required to be available for their child or have someone available if they are not.
- g) The After School Program opens at 3:30 P.M. until 5:30 P.M. on Mondays and Wednesdays. Youth Leadership Program opens at 3:00 P.M. until 5:30 P.M. on Tuesdays. Please make sure children do not arrive before the scheduled times as the doors will not be open until the scheduled program times.
- h) Regular Participation of 50% is required to attend monthly outings. Youth who only come to After School Programming to attend monthly outings will not be permitted to attend the outing.
- i) If your child is home sick on the day of programming, it is highly recommended that they do not attend after school programming.

3.0 SERVICES PROVIDED

- a) Various age-appropriate, structured, healthy, educational and social activities will be provided for children on site at the Gazebo and to outings which ordinarily includes snacks and supplies.

4.0 PARENT/GUARDIAN RESPONSIBILITIES

- a) Parents/Guardians are expected to make themselves available to be contacted at any time during program hours or leave a contact name and number of a responsible Guardian who will be available to be contacted should there be a need or for pick-up, if needed. Please ensure that alternate contacts are aware they are a contact for your child.
- b) Parents/Guardians are welcome to volunteer or attend the program with their children at any time.
- c) Parents/Guardians will need to specify if their child will be transporting him/herself to and from the program and sign a letter of permission for our records.
- d) Parents/Guardians must pick up their children promptly at 5:30 pm and/or youth must promptly leave the program grounds after Program hours.
- e) If child needs to leave program early, Parent/Guardian must advise Child & Youth worker directly.
- f) Parents/Guardians must check off authorization for outings on the registration form in order to attend any outings. (Appendix A)
- g) Parents/Guardians need to promptly communicate any concerns directly with the Child & Youth Worker/Education Director.
- h) Wahnapiatae First Nation Staff will only administer prescribed Medication with consent of Parent/Guardian. (Appendix C)
- i) Parents/Guardians are responsible to keep their child home if they are sick. Parents/Guardians will be contacted to pick up their child if child attends sick to programming.
- j) NO verbale abuse or mistreatment of staff will be tolerated. This includes on Social Media.

5.0 EDUCATION DEPARTMENT RESPONSIBILITIES

- a) The Education Department shall provide guidance, training and supervision for the Volunteers who are in a role-model capacity.
- b) The Education Department will strive to provide a safe and hazard-free facility and playground space for programming.
- c) The Education Department will be available to receive concerns and ensure appropriate measures are taken in a timely manner.

- d) Incidents of major concern will be recorded and followed upon with appropriate measures in a timely manner. This will be done within 24 hours.
- e) The Education staff will keep parents/guardians informed of activities and promptly communicate any concerns.
- f) The Education staff will strive to provide a positive learning environment in cooperation with the parents and children.
- g) Photographs will not be published without prior consent from Parent/Guardian.

6.0 POLICY IMPLEMENTATION

- a) The Wahnapiatae First Nation Education Department will implement the Wahnapiatae First Nation After School Program Policy.

7.0 APPEALS

- a) Parents may appeal any decisions of the Child & Youth Worker in writing (signed) to the Education Director.

8.0 AMENDMENTS

- a) This policy may be amended from time-to-time by education department and approved by Chief and Council.

9.0 REVIEW

- a) This policy will be reviewed on a yearly basis or as necessary

10.0 APPENDICES

- A REGISTRATION FROM**
- B CODE OF CONDUCT**
- C PARENTAL AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**
- D INCIDENT FORM**



APPENDIX A REGISTRATION FORM



PART A: MEMBER INFORMATION

Member First Name Last Name Birth Date D/M/YY Age Gender

Member resides with Health Card Number

PART B: FAMILY/GUARDIAN INFORMATION

Home Phone Email

Parent 1 First Name Last Name Cell Phone Business Phone

Parent 2 First Name Last Name Cell Phone Business Phone

Family Address Apt/Unit City/town Postal Code

PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

Please provide the names of two adults (in addition to parents listed above) who are allowed to pick up your child. Only adults indicated on this form will be allowed to pick up your child from program. Proof of identification maybe requested by WFN staff.

1	First Name	Last Name	Cell Phone	Business Phone	Relationship to Member
2	First Name	Last Name	Cell Phone	Business Phone	Relationship to Member

PART D: SCHOOL INFORMATION

School Name Grade

Teacher's Name Classroom #

PART E: SCHOOL PICK-UP AND SAFE ARRIVAL PROGRAM REGISTRATION

Please check the appropriate box below and provide the required information.

HOW WILL YOUR CHILD GET TO THE PROGRAM?

- By School Bus: My Child will arrive by bus
- On his her own: My child has permission to walk to program on his/her own. Please initial _____.

HOW WILL YOUR CHILD GET HOME FROM THE PROGRAM?

- I will pick up my child
- My child will go home on Safe Walk/Ride Please initial _____.

APPENDIX A

PART F: MEDICAL INFORMATION

Does your child have special needs, medical conditions or allergies? YES

NO If yes, please describe:

PART G: WAIVERS, DISCLAIMERS & CONSENT

Photography & Media Release

I hereby give WFN Child & Youth Program consent to use and reproduce my child's name/image for promotional purposes related to WFN Child & Youth and WFN Health Department. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by WFN Child & Youth and/or Health Department. I release WFN Health Department and its agents from any and all claims, of any nature, based on any uses of the above.

I hereby give Right To Play permission to use, copy, publish or display participant's name, photograph, or video recorded image to promote Right To Play events & advertisements on websites, news releases, art exhibitions, brochures, pamphlets or other

I understand that Right to Play and my community's PLAY program have a zero-tolerance policy for violence, drugs or alcohol. Anyone found engaging in such activities will be excused from program activities, at the discretion of the PLAY Community Mentor.

Authorization for Outings

I give permission for my child to leave the premises of Wahnapiatae First Nation (WFN) to participate in OUTINGS. I give permission to the staff of the WFN to take my child to all scheduled trip locations for the 2022-2023 After School program. I give the staff permission to take my child on OUTINGS to local parks, playgrounds and swimming pools or any other outing. I agree that my child may be transported on outings by School Bus, WFN Van or by walking. I understand that my child will be escorted and supervised by the staff of Wahnapiatae First Nation Education Department while participating in these activities

Liability Waiver

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the WFN Child & Youth programs, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the WFN Health Department, the sponsors of said programs, or any of the WFN's representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the WFN Health Department. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Code of Conduct (please see parent guide for details)

I have read the code of conduct and have reviewed them with my child

Parent/Guardian Signature

Date

APPENDIX B

STUDENT'S CODE OF CONDUCT –WAHNAPIITAE FIRST NATION AFTERSCHOOL PROGRAM

The staff of Wahnapiitae First Nation After School Program is committed to providing a safe and enjoyable experience for your child. However, students are also responsible to assist in these efforts. PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD UNDERSTANDS THE GUIDELINES BELOW.

You must review this CODE OF CONDUCT!

BEHAVIOR

1. Students are expected to respect facilitator, peers and their property.
2. Any form of bullying will not be tolerated.
3. Students will maintain hands off policy.
4. The use of foul language will not be tolerated.
5. Students must listen to their instructor or visiting instructor.
6. Students must respect and protect WFN property.
7. Students who chose not to participate in activities and disrupt their peers during programming, their parents may be called to pick up their child.

SAFETY

1. Students need to wear closed-toe/closed-heel shoes for certain activities. Please bring appropriate footwear when needed.
2. Students must utilize the buddy system during outings.
3. Students must pay attention to their surroundings and use care in all activities.
4. Students will adhere to all safety rules and regulations given for each activity he/she participates in.

GENERAL

Students are expected to wear and bring appropriate clothing and must be brought home after program. Students must inform staff of any issues or concerns during programming so problems can be addressed and resolved immediately

We expect all students to have FUN in the Afterschool Program but not at the expense of others. Violation of the CODE OF CONDUCT can be grounds for automatic dismissal from program. This program is offered free of charge and is therefore regarded as a privilege and not a right.

I _____ understand the AFTERSCHOOL'S CODE OF CONDUCT. I agree to follow all of the above to ensure that my After School Program experience as well as my peers in attendance is a positive one. I understand that failure to follow these rules may result in dismissal from the program.

Student's Signature _____ Date: _____

I understand and certify that my child's participation in the WFN Afterschool Program and its activities is completely voluntary. I have read and understand the After School Policy. I reviewed and have instructed my child of the importance of knowing and abiding by the CODE OF CONDUCT for safety of all participants and staff.

Parent/Guardian Signature _____ Date: _____

**APPENDIX C
Parental Authorization for the
Administration of Medication**

Childs name

Name of prescribing physician:

Date of birth:

Prescription #:

Name of medication:

Dose:

Date medication was prescribed:

My child needs this medication for: _____

Expire Date: _____

Time(s) the Wahnapiatae First Nation staff has to give medication:

Any Reactions:

Storage instructions: _____

I, (parent, guardian) give permission to Wahnapiatae First Nation staff to administer the above noted medication to my child according to the instructions stated above.

Parent/ Guardian's Signature:

Date:

APPENDIX C

Date	Dosage	Time given	Admin by	Reasons why meds not administered	Supervisor

Each staff member who administers medication must verify his/her initials with a signature, each below once

Initials: _____

Signature: _____

Initials: _____

Signature: _____

Initials: _____

Signature: _____

Staff comments:

DIRECTOR'S SIGNATURE: _____ **DATE:** _____



APPENDIX D
INCIDENT/INJURY FORM
Incident, injury, trauma and illness record

Details of person completing this record

Name: Position/role:
Date and time:/...../..... Signature:

Child details

Child's full name:
Date of birth:/...../..... Age: Gender: Male Female

Incident details

Incident date:/...../..... Time: am/pm Location:
Name of witness:(if applicable)
Witness signature: Date:...../...../.....

General activity at the time of incident/injury/trauma/illness:
.....

Cause of injury/trauma:
.....

Circumstances surrounding any illness, including apparent symptoms:
.....

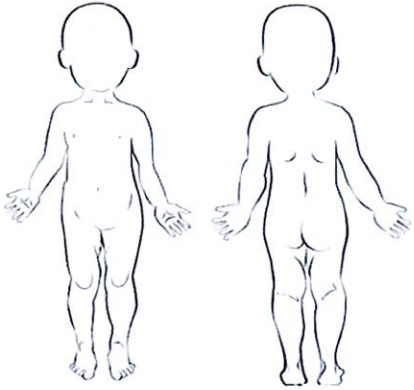
Circumstances if child appeared to be missing or otherwise unaccounted for (incl duration, who found child etc):
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Circumstances if child appeared to have been taken or removed from service or was locked in/out of service (incl who took the child, duration):
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APPENDIX D

Nature of injury/trauma/illness:

Indicate on diagram the part of body affected



- | | |
|---|---|
| <input type="checkbox"/> Allergic reaction (not anaphylaxis) | <input type="checkbox"/> Ingestion / inhalation / insertion |
| <input type="checkbox"/> Abrasion/Scrape | <input type="checkbox"/> Internal injury / Infection |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Asthma / respiratory | <input type="checkbox"/> Burn / sunburn |
| <input type="checkbox"/> Bite wound | <input type="checkbox"/> Choking |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Broken bone / fracture / dislocation | <input type="checkbox"/> Crush / jam |
| <input type="checkbox"/> Eye injury | <input type="checkbox"/> Cut / open wound |
| <input type="checkbox"/> Infectious disease (incl gastrointestinal) | <input type="checkbox"/> Drowning (non-fatal) |
| <input type="checkbox"/> High temperature | <input type="checkbox"/> Electric shock |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Stabbing / piercing |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> /unconscious/ convulsion | <input type="checkbox"/> Venomous bite/sting |
| <input type="checkbox"/> Sprain / swelling | <input type="checkbox"/> Other (please specify) |
| | |

Action Taken

Details of action taken (including first aid, administration of medication etc):

Did emergency services attend? Yes / No

Was medical attention sought from a registered practitioner / hospital? Yes / No

If yes to either of the above, provide details:

Have any steps been taken to prevent or minimize this type of incident in the future?

APPENDIX D

Notifications (including attempted notifications)

Parent/guardian: Time: am/pm

Date:/...../.....

Director/educator/coordinator: Time: am/pm

Date:/...../.....

Other agency (if applicable): Time: am/pm

Date:/...../.....

Regulatory authority (if applicable): Time: am/pm

Date:/...../.....

Parental acknowledgement:

I
..... (name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness.

(Please circle)

Signature: Date:/...../.....

Additional notes:

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