



Welcome to 11 Wks of "KASP" Winter Program



Kortright After School Program

- Monday** - **Awesome Art & Claymation**
- Tuesday** - **Youth Circus Project**
- Wednesday** - **Let's Talk Science**
- Thursday** - **Creative Cooking**
- Friday** - **Martial Arts by Sensei Arthur**

January to March 2017

- Who:** Students from JK* — Grade 6
- What:** An 11-week Educational After School Program
- Where:** Kortright Hills Community Room & Gym
- When:** Mon, Tue, Wed, Thurs &/or Fri 3:20 - 5:30pm
January 9 to March 31, 2017
(NOTE: NO KASP Friday Jan 27 - PD Day, Mon Feb 20 - Family Day, Mar 13 to 17 - March Break)
- Cost:** \$12/day, \$60/week
Please make cheques payable to Kortright Hills Neighbourhood Group

Start the New Year with fun!

Each specially themed day may include special guests, creative projects and high interest learning opportunities for all ages. Pick which day you'd like to come or pick all five!

JK and SK students will be escorted to the community room after school by a KASP staff member.

Parent/Student Volunteers Needed!

Please email if you are able to volunteer in the program for any or all of the sessions.

To register, please fill out the registration form attached and submit to Leone at the KHNG Community Room by 5:30 pm Monday to Thursday.

Registration deadline is Friday December 2, 2016.
For more information, please email khng@bellnet.ca

Register Early, Spaces are Limited!



KASP Fall Registration Form

January 9 – March 31, 2017

Confidential Information

Participant's Name: _____ **Date of Birth:** ____ M ____ D ____ Y

Address: _____

Parent/Guardian Name: _____

Phone # Home: _____ **Business:** _____ **Cell:** _____

Email address: _____ **Registering For:** ____ **Kortright After School Program**__

Please indicate which days participant will be attending: Mon Tues Wed Thurs Fri

Total Payment enclosed = _____ **days per week X \$12.00 per day X** _____ **weeks** =** _____

(Jan 9 to Mar 31, 2017 = 11 weeks; registration required for a minimum of 4 weeks)**

Note: (NO program Fri Jan 27 - PD Day ; Mon Feb 20 - Family Day & Mon-Fri Mar 13-17 - March Breack)

(Please note refunds will NOT be issued for missed sessions, PD Days, Holidays or School Closures Due to Inclement Weather and NSF Cheques will be charged a \$10.00 service charge fee)

Type of Payment Enclosed: Cash Cheque (payable to Kortright Hills Neighbourhood Group)

Alternate/Emergency Contact Name: _____ **Phone:** _____

Alternate Pick-up Contacts: _____

Are there any custody arrangements we should be aware of? _____

Doctor's Name: _____ **Phone #:** _____

Medical information (allergies, asthma, etc.): _____

Please note if your child has any learning disabilities _____

I agree to release, waive, save harmless and indemnify (insure against loss) the Corporation of the Guelph Neighbourhood Support Coalition, its agents, employees, members of Council, directors and officers from and against all claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to my person or property howsoever incurred or caused or arising from or in connection with my participation in programs/services/events of Kortright Hills Neighbourhood Group. I further agree and understand the Corporation of the GNCS, its agents, employees, members of Council, directors and officers shall not be responsible or liable for any loss or damage of any kind to property howsoever caused or any injury to any person howsoever caused. I have read this Waiver, Release and Indemnity and understand it.

There may be times when activities are photographed. Do you give your consent for the participant's picture to be taken and posted for publicity reasons? Yes _____ No _____

My child has permission to walk home alone. Yes _____ No _____ *younger children may require an escort home

I understand that the program supervisor reserves the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the program.

To the best of my knowledge, the participant is in good health. If there is any exposure to any infectious disease and/or change in the participant's condition prior to attending program, the program leader will be notified immediately.

By registering for program, your family becomes a member of the Kortright Hills Neighbourhood Group and will be contacted about any Information relevant to your membership (i.e. upcoming events, fundraising opportunities). We will not share your information with any third party. ____ I do not wish to be contacted

Signature of Parent/Guardian/Adult Participant

Date

Please Note:

The personal information on this form is collected in accordance with the Municipal Act and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990 for the purpose of the administration of Kortright Hills Neighbourhood Group programs. Questions regarding this collection should be directed to the Guelph Neighbourhood Support Coalition.