

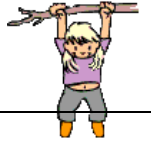


2018 Order of Manitoba Recipient

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# October 2020 Permission Slip

Please use a second permission slip if you are registering more than 4 children



Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address:
Current School:	Please Circle: M / F / Other	
Parent First and Last Name: Parent Ph. Number: Parent Email:		
Emergency Contact Name and Ph. Number:		

### CHILD 2

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address (if different from above):
Current School:	Please Circle: M / F / Other	

### CHILD 3

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address (if different from above):
Current School:	Please Circle: M / F / Other	

### CHILD 4

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address (if different from above):
Current School:	Please Circle: M / F / Other	

If parent contact or emergency contact is different for each child, please specify here:

**\*\*Postponed Until Further Notice\*\*** Movie Book Club Outing – Wonder Woman 84 **\*\*Postponed Until Further Notice\*\***

Haunted Forest Outing (Meet at Gordon Bell Hardtop at 4:30)	October 22	4:30 – 9:30pm	Y/N
Movie Book Club Outing – Connected	October 30	5:30pm – 9:30pm	Y/N

I give my permission for West Broadway Youth Outreach Inc. to use for such purposes as they may see fit in connection with educational programs, fundraising campaigns and advertising, the photographs and/or films, and/or recordings of my child/ren, for reproduction in newspapers, magazines, posters, sketches, line drawings, movies, slides on radio and television, and all other media forms. I waive interest or right of payment for same. I am donating the photographs and or/films and/or recordings to West Broadway Youth Outreach Inc. in consideration of and as an implied contribution to the community's best interest.

Yes\_\_\_/ No\_\_\_ Parent/ Guardian's Signature:



**THE 9020 CHALLENGE OF 2020**

WILL YOU HELP US  
READ 9020 BOOKS  
THIS YEAR??

**9020!!**



ALMOST THERE...

**9000**

Our kids are at  
3021!! And counting

**8000**

**7000**

FLYING SQUIRREL!  
ROLLERSKATING!  
SWIMMING! LAZER  
TAG! MOVIES! GLOW  
GOLFING! BOWLING!  
PICNIC! AND AT  
12AM, FIREWORKS!  
I CAN'T WAIT!



**\*\*WBYO'S DAILY RISK ASSESSMENT QUESTIONNAIRES\*\***

Active symptoms screening for parents or guardians, children and youth will occur every day (beginning of program)-

1.	Do you, other members of your household, or your child attending the program, have any of the below symptoms	Choose One	
	<ul style="list-style-type: none"> <li>Fever &gt; 38 degrees or subjective fever</li> </ul>	YES	NO
	<ul style="list-style-type: none"> <li>Cough</li> </ul>	YES	NO
	<ul style="list-style-type: none"> <li>Sore Throat</li> </ul>	YES	NO
	<ul style="list-style-type: none"> <li>Shortness of breath/difficulty breathing</li> </ul>	YES	NO
	<ul style="list-style-type: none"> <li>Runny nose</li> </ul>	YES	NO
	*Note: Other symptoms such as muscle aches, fatigue, headache, loss of smell, diarrhea may be present in addition to respiratory symptoms	YES	NO
2.	Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?	YES	NO
3.	Have you had laboratory exposure while working directly with specimens known to contain COVID-19?	YES	NO
4.	Have you travelled outside Manitoba in the last 14 days, excluding personal travel to Western Canada or west from Terrace Bay, Ontario?	YES	NO
5.	Have you been in a large group setting in Manitoba in the last 14 days where someone has been confirmed to have COVID-19, such as flight, or a large meeting or event?	YES	NO
6.	Have you had close contact (face-to-face contact within 2 meters/ 6 feet) with someone who is ill with respiratory symptoms?	YES	NO



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Dear Parents of West Broadway,

*Effective July 23, 2012, West Broadway Youth Outreach implemented our “No Child Left Alone” policy.*

Parents and community members in West Broadway work very hard to ensure the safety of neighborhood children, and the staff at West Broadway Youth Outreach are always striving to emulate this caring vigilance. WBYO’s mandate to provide a safe environment for local children and families is always a priority, and program hours are carefully planned and widely published to allow consistency and accessibility.

Recently, however, we have experienced an ongoing problem with children who are not being picked up from program at the appropriate time. WBYO staff cannot be held accountable for the safety of children outside of prescribed programming hours. In spite of their every effort to ensure no child is left alone, WBYO remains a community drop-in and parents/guardians are responsible for the transportation and accommodation of their children outside of program hours.

The “No Child Left Alone” policy requires that children who are reliant on parental accompaniment for travel to and from programs **must be picked up at the time specified on the WBYO calendar. For normal programming, this means by 8:30pm. For summer programming, this means posted time on calendar.** Children who are not picked up on time will be verbally reminded of this policy once, following which subsequent late pick-ups will require that the child be accompanied by an adult on all outings/activities for the following week, or 5 days.

As members of the community, we understand that due to unforeseen events, parents may occasionally have difficulty picking up their children on time, despite their best efforts. We understand these difficulties and encourage parents to **provide alternate arrangements for their children to be picked up.** The safety of WBYO children must come first, and we know that you will work together with us to ensure that no child is left alone.

Sincerely,

The Board of Directors,  
West Broadway Youth Outreach Inc.

WBYO’s “ <u>No child Left Alone</u> ” Policy:	
<b>1<sup>st</sup> Late Pick Up</b>	- Verbal Reminder - Documented Late Pick up
<b>2<sup>nd</sup> Late Pick Up or More</b>	- Child must be accompanied by Parent/Guardian for one week or 5 program days
Please note the expectation of having your child participate at WBYO is to make yourself available for any calls in case of emergencies (injury, behavior, etc.). By signing below you understand that if your child is not picked up within 45 minutes from a phone call made/message left by WBYO staff, your child must be accompanied by a parent/guardian for the following month or 30 program days.	

Child(ren)’s Name(s): \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_