


WBYO's 2025 January/February Permission Slip

Address: 646 Portage Ave Phone: (204) 774 - 0451 Email: wbyokidz@gmail.com Website: www.westbroadwayyouthoutreach.com


Due January 17th, 2025, 8:25PM (NO LATE PERMISSION SLIPS ACCEPTED, EXCEPT FOR FAMILIES THAT HAVE NEVER BEEN WITH WBYO BEFORE)

Please use a second permission slip if you are registering more than 4 children* *PLEASE PRINT CLEARLY


Child 1

Child First Name:	Child Last Name:	Child Birth Date: MM / DD / YYYY
Child 9 Digit Medical Number:	Allergies/Health Concerns:	Home Address:
Current School:	Please Circle: Male / Female / Other	
Parent First And Last Name: Parent Phone Number: Parent Email:	Parent First And Last Name: Parent Phone Number: Parent Email:	
Emergency Contact Name And Phone Number:		


Child 2

Child First Name:	Child Last Name:	Child Birth Date: MM / DD / YYYY
Child 9 Digit Medical Number:	Allergies/Health Concerns:	Home Address:
Current School:	Please Circle: Male / Female / Other	

Child 3

Child First Name:	Child Last Name:	Child Birth Date: MM / DD / YYYY
Child 9 Digit Medical Number:	Allergies/Health Concerns:	Home Address:
Current School:	Please Circle: Male / Female / Other	

Child 4

Child First Name:	Child Last Name:	Child Birth Date: MM / DD / YYYY
Child 9 Digit Medical Number:	Allergies/Health Concerns:	Home Address:
Current School:	Please Circle: Male / Female / Other	

If Parent/Emergency Contact Is Different For Each Child, Please Specify Here:

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PLEASE CIRCLE YES OR NO FOR EVERY EVENT AND WAIVER BELOW!

EVENT	DATE	TIME	PARTICIPATING
Family Movie Monday - Voting ends at 6:25PM (Parent/Guardian REQUIRED To Participate)	January 6th, Monday, 2025	6:30PM - 8:25PM	YES / NO
Family Bingo Night With Door Prizes (Parents/Guardians/Grandparents Welcome And Encouraged To Participate)	January 7th, Tuesday, 2025	6:30PM - 8:25PM	YES / NO
Movie Book Club Night - Sonic The Hedgehog 3 - (Book Report REQUIRED)	January 10th, Friday, 2025	5:30PM - 9:25PM	YES / NO
Movie Book Club Night - Super Surprise - (Book Report REQUIRED)	January 24th, Friday, 2025	5:30PM - 9:25PM	YES / NO
Family Movie Monday - Voting ends at 6:25PM (Parent/Guardian REQUIRED To Participate)	February 3rd, Monday, 2025	6:30PM - 8:25PM	YES / NO
Family Bingo Night With Door Prizes (Parents/Guardians/Grandparents Welcome And Encouraged To Participate)	February 4th, Tuesday, 2025	6:30PM - 8:25PM	YES / NO
WBYO's Before Valentine's Day Family Dance	February 7th, Friday, 2025	6:30PM - 8:25PM	YES / NO
Movie Book Club Night - Captain America: Brave New World - (Book Report REQUIRED)	February 14th, Friday, 2025	5:30PM - 9:25PM	YES / NO
Movie Book Club Night - Super Surprise - (Book Report REQUIRED)	February 28th, Friday, 2025	5:30PM - 9:25PM	YES / NO

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.

Parent/Guardian Signature: _____

Date: _____, _____ Yes / No

Dear Parents/Care Givers of West Broadway Youth Outreach Participants,

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. Despite 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 8:25PM. 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 “No child Left Alone” Policy:

1st Late Pick Up	<i>Documented Late Pick up AND verbal Reminder.</i>
2nd Late Pick Up or More	<i>Child must be accompanied by Parent/Guardian for one week/5 program days.</i>

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.



2018 Order of Manitoba Recipient

Child(ren)’s Name(s): _____, _____, _____, _____

Parent/Guardian Signature: _____ Date: _____, _____