

## Girls Group Registration

### Mondays to December 18, 2020

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Email:</b>
<b>Phone:</b>	<b>Parents:</b>

**All groups are held at S204-750 Cottonwood Ave**

Ages 5 to 9	Mondays	@\$60/session	Total	Initial
Mondays to Dec 14				

**Please initial here if you would like to use ASD Funding for this program.** Funds must be made available in My Family Services Autism Funding portal or a RTP signed and submitted to Social Butterflies ***before a child's placement can be confirmed.*** Please allocate ASD funds to **“Social Skills Groups”**

OR

Please invoice the following service: \_\_\_\_\_

***I will ensure the service will be notified to process a confirmation by email to office@SocialButterflies.ca . I understand that my child's placement in camp/group can not be confirmed***

**Please initial.** The entire amount is due prior to first group session, unless alternate funding arrangements are made in advance. I agree that I will submit all required paperwork to the Autism Funding Unit promptly and that I will be responsible for any amount outstanding.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent / Guardian Name

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Parents Names: \_\_\_\_\_

**I hereby acknowledge and agree to the following terms:**

**Please *initial* each box as you read.**

- I agree that any missed days will not be reimbursed. No additional hours or days will be made available for any time a child is absent.
- I agree to pick up and drop my child off on time for agreed session. I understand that I will be billed \$1 per minute that I am late. Autism funding will not be billed for late charges. Parents/Guardians are responsible for late charges. I also understand that I am responsible for calling Social Butterflies Activities and Learning Ltd. Group leader any time my child will be dropped off or picked up late. This will be at the discretion of group co-ordinator. **This will be strictly enforced.**
- I agree to call Social Butterflies Activities and Learning Ltd. Group leader any time my child will be absent.
- I understand that I will not be able to send my child to the group if they are ill. I agree to follow Social Butterflies Activities and Learning Ltd. - ILLNESS POLICY FOR CHILDREN that I acknowledge to have received and read.
- I agree to inform the staff of any important information regarding my child that may impact their or others participation in the group.
- I agree to provide any medications or epi-pen that the child may need inside a Ziploc that is labelled with child's name and instructions stapled to the bag.
- I understand that group activities are subject to change due to unforeseen circumstances.
- Please initial in box.**  
I/we have read this page and agree to follow the terms and conditions on this page.

Special Diet Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Please **initial** each box as you read.

### Electronic and Digital Services

Social Butterflies Activities and Learning Ltd. is committed to your child’s safety and security in every way, including online services. To that end we seek to keep all identifying information confidential. These digital services are ‘cloud-based’ programs, which means they are accessed from servers outside of Social Butterflies Activities and Learning Ltd., and some student data is retained on those servers like Cloud base Google Documents and emails. Parental consent is given so that information regarding student may be communicated by digital means within our organization and to parents.

### Consent for Field Trips

Social Butterflies Activities and Learning Ltd. requires parental consent for students to participate in Routine Field Trips throughout the school year and for group sessions. Examples of Field Trips may include parks, farms, museums, concerts, plays, sporting events, waterslides, City Hall, swimming in supervised pools with certified lifeguards (Canada Games Pool and other municipal pools). These field trips are one day (or less) in duration, take place within the general Kamloops area, and do not involve high risk activities. Parents accept the responsibility for any incident that may occur on a field trip and, in the event of an emergency, give Social Butterflies Activities and Learning Ltd. staff permission to act on their behalf without fear of legal repercussion. By allowing your child to participate in the group activities outside the premise, you are agreeing that the activity is suitable for your child and that there is a risk of injury associated with the activity.

### Consent for Private Transportation

Social Butterflies Activities and Learning Ltd. requires parental consent for students to be transported in private vehicles by Social Butterflies Activities and Learning Ltd. parents and/or staff to field trip locations and other school events. Parent or staff volunteer drivers must submit a copy of a valid, current driver’s license and a copy of insurance with liability of \$2,000,000 or more and be kept on file at office.

### Neighbourhood Walking Trip

Social Butterflies Activities and Learning Ltd. requires permission for your child to participate in these walks or activities. Rather than sending home a permission form for each trip, we are asking that you sign below to cover all neighbourhood walking field trips or activities for this group session. Should you not wish your child to participate in an outing, please inform the group instructor.

**I/we give consent and agree with all the above statements as indicated.**

\_\_\_\_\_

Parent / Guardian

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Parent / Guardian

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Social Butterflies

\_\_\_\_\_

Date Signed

2019-12-12 1:34:00 PM

## Surveillance, Photos & Video Taping - Policy & Contract

I, \_\_\_\_\_, give permission for my child,  
Parent(s) /Guardian Full Name

\_\_\_\_\_, to be photographed and/or video taped  
Childs Full Name  
during Social Butterflies Activities and Learning Ltd. programs.

**I understand that surveillance cameras are present in therapy rooms and classrooms for security and safety purposes. The surveillance tapes are kept for a limited time only in a secure location and can only be accessed by management unless required by law.**

**I agree that Photo's/Video's may be used for the following purposes:**

Please *initial* all that apply.

To be sent home with the child, for the family's personal use.

To be sent or distributed to other children in the program. (example: group photos.)

To be used for future program advertisements and appear in brochures, flyers, or posters.

Without full face or full profile

To be used on Social Butterflies Activities and Learning Ltd. website and social media.

Without full face or full profile

I do not wish for my child ever to be photographed or videotaped

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name (please print)

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

Please send written notice to [office@socialbutterflies.ca](mailto:office@socialbutterflies.ca) if you wish to make any changes to this consent form.

**Parental Permission Form – Child Transportation in a Privately-Owned Vehicle**

Child's Name: \_\_\_\_\_ Driver: Social Butterflies Activities and Learning Ltd. Staff

Pick up Location: \_\_\_\_\_ Drop off Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I authorize Social Butterflies Activities and Learning Ltd and its staff to transport my minor child in privately owned vehicles driven by an individual authorized by Social Butterflies Activities and Learning Ltd. Staff are required to submit a copy of a valid, current driver's license and a copy of insurance with liability of at least \$2,000,000 or more and to be kept on file. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff.

I have read, understand, and have discussed with my child:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
2. My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
3. Riding in a motor vehicle may result in person injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_ As a condition for the transportation received, I for myself, my child, my executors and assigns, further agree to release and forever discharge Social Butterflies Activities and Learning Ltd, and their employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and condition, and I agree to be legally bound by its terms.

I/we give consent and agree with all the above statements as indicated.

Date: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

This form must be completed and submitted to the Social Butterflies Activities and Learning Ltd. office or activity instructor/advisor before the transportation arrangements described herein take effect.

**Social Butterflies Activities and Learning Ltd.**  
**COVID-19 Protocol Self-Assessment**

All individuals coming into the centres space must complete this COVID-19 Protocol Self-Assessment **below or anytime afterwards if health conditions change online at** : <https://bc.thrive.health/> and attest that all members in their immediate household are not required to self isolate based on the self-assessment tool.

All individuals coming into the centre’s space must attest that they and all members of their immediate household are practicing social distancing in all other areas of their lives, aside from essential services.

BC has expanded testing to find new cases and prevent spread of COVID-19 in the community.

Testing is recommended for anyone, including children of any age with cold, influenza or COVID-19-like symptoms, even mild ones.

**Are you or any members of your household experiencing any of the following:**

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

No  Yes

**Are you or any members of your household experiencing any of the following:**

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

No  Yes

**Are you or any members of your household experiencing cold, flu or COVID-19-like symptoms, even mild ones?** Symptoms include: Fever\*, chills, cough or worsening of chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches.

While less common, symptoms can also include: stuffy nose, conjunctivitis (pink eye), dizziness, confusion, abdominal pain, skin rashes or discoloration of fingers or toes. **Fever:** Average normal body temperature taken orally is about 37°C (98.6°F).

No  Yes

Have you or any members of your household travelled to any countries outside Canada (including the United States) within the last 14 days?

No  Yes

Did you provide care or have close contact with a person with confirmed COVID-19?

Note: This means you would have been contacted by your health authority’s public health team

No  Yes

Date: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_ Parents Signature: \_\_\_\_\_

Future testing and information can be found at : <https://bc.thrive.health/>

**COVID-19 Active Screening Process for Families**  
Social Butterflies Activities and Learning Ltd.

I, \_\_\_\_\_, hereby attest that myself, my child,  
(Parent's name)

\_\_\_\_\_, and all members of our immediate house hold, are following the  
(child's name)  
below precautions required for my child to attend direct-service therapy sessions at Social Butterflies Activities and Learning Ltd, during the COVID-19 health crisis.

Please initial next to each of the following statements to attest that you have read and agree to each statement:

- \_\_\_\_\_ I have completed the COVID-19 Self-Assessment from the perspective of myself, my child, and all members of our immediate household AND no one that we are in current/regular contact with is identified as being required to self-isolate
- \_\_\_\_\_ I attest that our family is practicing social distancing and that we are avoiding contact with others aside from essential services
- \_\_\_\_\_ If anyone in my immediate household is experiencing any symptoms of illness, regardless of the symptom or potential cause, I will contact Social Butterflies Activities and Learning Ltd immediately. I will NOT bring my child to sessions if they are showing any active sign of illness (e.g., cough, sore throat, runny nose, sneezing, etc.).
- \_\_\_\_\_ I understand that Social Butterflies Activities and Learning Ltd, is taking additional precautions to protect the health and safety of our community at this time, and while these measures are implemented to reduce risk, I understand that Social Butterflies Activities and Learning Ltd cannot make any guarantees regarding the potential or possible transmission of disease within our centre.

I have read and agree to all of the above statements, and agree to notify Social Butterflies Activities and Learning Ltd immediately should any of the information provided change.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

## ILLNESS POLICY FOR CHILDREN

### Reason this policy is important:

Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover and be treated for the illness. This policy outlines illnesses and situations that require exclusion and those that do not.

### Temporary Exclusion is recommended when:

- The illness prevents the child from participating comfortably in activities as determined by staff.
- The ill child requires more care than the staff can give, which may result in compromising care for other children.

The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:

- **Appears to be severely ill**
- **Fever AND behavior change or one or more of the following symptoms:**
- Axillary temperature of 100° Fahrenheit or higher. If under 4 months of age, refer to section on Life Threatening Signs.
- *Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break. (Temperature strips are frequently inaccurate and will not be used). Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer.*
- **Diarrhea:** defined by more watery stools - decreased form of stool that is not associated with changes in diet, and increased frequency of passing stool that is not contained in diaper or use of toilet. Children may return once the reason for change in bowel has been resolved and if the change is not due to Salmonella, Shigellosis or E. coli infections.
- **Blood in stool:** not explained by dietary changes, medication or hard stools.
- **Vomiting:** There are many reasons children vomit, from eating something that does not agree with them to any number of illnesses. Exclude if child has vomited two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-infectious condition and the child is not in danger of dehydration.
- **Abdominal pain (persistent):** that pain continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
- **Conjunctivitis (Pink Eye):** A child should be excluded only for bacterial conjunctivitis (red eyes, green or yellow discharge). They may return after treatment has started and are able to participate in activities. Other forms do not need to be excluded (allergy or viral cause).
- **Hepatitis A:** Exclude until 1 week after onset of viral illness or until after immune serum globulin has been given to children and staff in the program, as directed by the local health department.
- **Impetigo:** Exclude until 24 hours after treatment has begun.
- **Measles:** Exclude until 5th day after rash disappears or local health department states patient is noninfectious.
- **Mouth sores:** Exclude if mouth sores is coupled with drooling or child is not able to participate.
- **Mumps:** Exclude until 9 days after onset of parotid gland swelling.
- **Pediculosis (Head Lice):** Children do not need to be excluded as long as personal space can be maintained. A child with live lice should not be accepted for the day, until treated. An additional treatment may be needed 7 to 10 days later to kill the eggs that survived the first treatment. The presence of nits (egg cases) is not exclusion criteria, only live lice. Using a nit comb is the most effective way to remove lice and the sticky nits.
- **Pertussis: (Whooping Cough)** Children should be excluded until five days of appropriate antibiotic has been completed or until local health department states patient is non-infectious.
- **Rash:** with fever and/or behavior change.
  
- **Scabies:** Children should be excluded until after treatment is begun (overnight suffices).
- **Streptococcal pharyngitis (Strep Throat),** excluded until 24 hours after treatment has been begun and child is able to participate.



- **Tuberculosis:** Tuberculosis (TB) Exclude until the child's physician or local health department authority states the child is non-infectious.
- **Varicella-zoster (Chicken pox):** Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate. You must notify parent/guardian in writing, either by letter or posting notice in a visible location, when their child/children have been exposed to a communicable disease.

Children with the above signs and symptoms will be separated from the group and cared for in a separate space. Parent/guardian or emergency contact will be notified to pick up child immediately.

### **CONDITIONS THAT DO NOT REQUIRE EXCLUSION**

**Reason this policy is important:** When a child becomes ill but does not require immediate medical help, a determination must be made whether the child requires exclusion. Most illnesses do not require exclusion.

- Common Colds, Runny noses (regardless of color or consistency of nasal discharge), and coughs.
- Fever without any signs or symptoms of illness in children who are older than 4 months. For this purpose, fever is defined as temperature above 101° F orally, above 102° F rectally, or 100° F or higher taken auxiliary (armpit) or measured by any equivalent method. \*Fever is an indication of the body's response to something but is neither a disease nor a serious problem by itself.
- Watery eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes).
- Rash without fever and behavioral changes.
- Lice or nits without lice (may delay treatment until the end of the day).
- Ringworm (may delay treatment until the end of the day).
- Pinworms
- Thrush (i.e., white spots or patches in the mouth).
- Fifth Disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
- Cytomegalovirus infection.
- Chronic Hepatitis B virus infection.
- Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV infected child or others decided on a case-by-case basis by health professionals.
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the American with Disabilities Act (e.g., HIV infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Dear Parents

In our effort to support students training and aid recruitment of future employees with the proper skill sets that are in line with the needs of children with special needs, we will be allowing practicum students to shadow and/or participate in intervention sessions with our employees. All practicum students will undergo criminal record checks and will be held to the same Client Privacy Policy that is in effect for our employees.

On occasion the supervisor/instructors from the educational facility that oversees practicum student placement may need to observe practicum student in an active session.

Social Butterflies Activities and Learning Ltd. understands and upholds your right to privacy. There are times that Social Butterflies staff may need to share your child’s information. Only necessary information regarding your child’s individual needs and programming will be shared. The sharing of this information will be used to enhance the education of the practicum students and ensure that they will have the skills to provide quality therapeutic services in the future.

We request your permission for practicum students to attend and observe therapy sessions (in person or via video session), groups, camps or the Individualized Inclusion Program. If you have any questions or concerns, please send us an email to: office@socialbutterflies.ca or call 778-470-1005.

### Consent for Disclosure

I/We, \_\_\_\_\_, authorize  
Print (Parent(s)/Guardian(s))

Social Butterflies Activities and Learning Ltd. representatives to allow practicum students to observe and participate in supervised sessions, to exchange verbal summaries, written records, or documents about myself, my child, and/or my family with practicum students. Practicum student’s instructor or supervisor may be present on occasion.

The purpose for sharing information is to assist in the education and training of practicum students regarding your child needs, development and implementation of behavioural programs that will effectively and appropriately serve the client.

- \* On sight observation and/or information will be exchanged with or from the practicum student(s).
- \*This document may be revoked by the Parent/ Guardian providing written notice, at any time, and given to a Social Butterflies Activities and Learning Ltd representative. If no written notice is given at the time your file is closed, this document will expire 6 months after the closing date.

\_\_\_\_\_  
Print (Child’s Name)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Print (Parent’s Name)

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Print (Parent’s Name)