



2018 – 2019 CANOPY REGISTRATION CHECKLIST

REQUIRED FOR ALL Participants:

1. Complete **ONLINE REGISTRATION** through Infinite Campus
2. Complete **CANOPY PAPER FORMS** Parent/Guardian Supplementary Documentation, including:
 - a. Consents and Acknowledgements (3 pages)
 - b. Health History Form (1 page)
 - c. Individualized Billing Formula Agreement (1 page, sent via mail the week of 7.9.18) – **Due 8.13.18**
3. Complete **PAPER CHRISTINE'S DREAM PAPER FORMS** Parent/Guardian Supplementary Documentation, including:
 - a. Christine's Dream – Rider Registration Packet (5 Pages) – found on the Giant Steps website
 - b. Rich Harvest Liability Forms (3 Pages) – found on the Giant Steps website

MAY BE REQUIRED:

4. Does the participant take any prescription, over-the-counter, and/or emergency medication(s) during the program day?
 - a. If YES, you are required to submit a Medication Authorization Form for **each** medication.
Medication forms are due by August 13th, 2018.
 Complete Medication Authorization form (2 pages) – found on the Giant Steps website
 - b. If NO, continue to Step 4.
5. Does the participant have a diagnosis of asthma, diabetes, or seizures and/or a known anaphylactic reaction to an allergen?
 - a. If YES, you are required to submit a current action plan for this program year.
Emergency action/care plans are due by August 13th, 2018.
 Complete Asthma/Diabetes/Seizure/Allergy Action/Care Plan (if needed) – found on the Giant Steps website
 - b. If NO, no further forms are required.

All of these forms can be found on our website in the Parents' Corner: www.mygiantsteps.org/parents-corner.

REQUIRED FOR ALL PARTICIPANTS:

6. Send **ALL REQUIRED PAPER FORMS** to Giant Steps. You may submit the forms:
 - a. Electronically to: rlitke@mygiantsteps.org.
 - b. In the participant's backpack,
 - c. Via USPS to 2500 Cabot Drive, Lisle, Illinois 60532, or
 - d. By hand to the receptionist at the front desk at the Lisle location

If you need help, email rlitke@mygiantsteps.org.

Participant Name: _____

Consent for Photography/Videography/Use of Original Work

Participants and participant work may occasionally appear in photographs and recordings taken by Giant Steps staff members, other participants, or other individuals authorized by the Giant Steps administration. Giant Steps may use these pictures and recordings, without identifying the participant, in various publications, including yearbooks, newspapers/newsletters, the Giant Steps website, and Giant Steps social media (e.g., Giant Steps or Canopy Facebook page and Twitter feed). At times, Giant Steps may want to identify a participant or participant work in a publication. For example, Giant Steps may wish to acknowledge participants who participate in a Giant Steps/Canopy activity or deserve special recognition, including in a news release or a Giant Steps-sponsored material, publication, recording, website, social media. In order for Giant Steps to publish a picture or recording of a participant or of a participant's work while the participant is enrolled at Giant Steps, the participant's parent/guardian must sign this consent form below.

By signing below, I understand that I am granting Giant Steps consent to use the indicated participant's first name, photographic or video image, voice, statements, work, or writing; identify the participant; and identify the program the participant attends in any Giant Steps-sponsored material, publication, recording, website, or social media. This consent is valid only for the program year in which it is signed. Consent must be given annually. I understand that I may revoke this consent at any time by notifying the Canopy Program Director in writing.

I further understand that, while Giant Steps limits access to program buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed participant from a program event.

Parent/Guardian Signature

Date

Consent for Emergency Medical Care

I give consent for emergency medical care to be secured for the participant in the event of an emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

Parent/Guardian Signature

Date

Consent for Community Transportation

I give consent for the participant to participate in scheduled trips to and from the Lisle and Sugar Grove location, scheduled community outings and be transported via Giant Steps owned vehicles (including mini-vans, 10, 12, and 15 passenger vans), and shuttle buses), as well as contracted buses or vehicles, and/or walking while enrolled at Giant Steps/Canopy. I understand all such trips are under the supervision of Giant Steps staff members and that health and safety precautions are taken as appropriate.

Parent/Guardian Signature

Date

Acknowledgement of Participant Absence Procedures

I understand Giant Steps' policy requiring me to notify Canopy **each day** that the participant will be absent. I understand that it my responsibility to notify the program in a timely fashion by calling (630) 864-3800, extension 3 as well as emailing the Program Manager and Service Liaison. I will leave the following information in a voicemail and email: the participant's name, program name, and reason for the absence. I understand that it is also my responsibility to notify the participant's transportation provider (e.g., bus company, cab company, etc.) if applicable each day that the participant is absent.

Parent/Guardian Signature

Date

Consent for Use of Sunscreen/Bug Repellant

I give consent for Giant Steps/Canopy staff to apply sunscreen and/or bug repellent to the participant when going out into the community (e.g. parks, playgrounds, swimming pools, walking and community trips, etc.,) with their discretion to the needs of the weather at the time of the community trip. Giant Steps/Canopy staff will make every effort to ensure that health and safety precautions regarding sun exposure are taken as appropriate, but they are not liable for sunburns or exposure for the participants.

Parent/Guardian Signature

Date

Participant Name: _____

Authorization for Electronic Access

Giant Steps has the ability to enhance each participant's programming through the use of Giant Steps' electronic network, including the Internet. Our goal in providing access is to promote diversity of and enhanced programming by facilitating resource sharing, innovation, and communication. Participants and/or their parents/guardians must sign this Authorization form annually.

Giant Steps filters access on its electronic network to protect against pictures or videos that are obscene, pornographic, or otherwise harmful or inappropriate in the Canopy setting. However, it is impossible to guarantee the filtering of all such material, and it is possible that a user may gain access to inappropriate material. Ultimately, parents/guardians are responsible for setting and conveying the standards that the participant should follow and Giant Steps respects each family's right to decide whether or not to authorize the participant's access to Giant Steps' electronic network, including the Internet.

With this opportunity also comes responsibility. The inappropriate use of Giant Steps' electronic network, as defined in Giant Steps' electronic network policy, and its implementing administrative procedures, rules, and regulations, may result in the loss of privilege to use this resource. All use of Giant Steps' electronic network, including the Internet, shall be consistent with Giant Steps' goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. Remember that you are legally responsible for the participant's actions. The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

I have read and accept Giant Steps' electronic network policy. Further, I acknowledge that I have reviewed the policy and procedures with the participant. I understand that access is designed for educational and programming purposes and that Giant Steps has taken precautions to eliminate any harmful or inappropriate material. However, I also recognize and agree that it is impossible for Giant Steps to restrict access to all harmful and inappropriate materials and that the participant might access such material through the electronic network. I understand that any unacceptable use of the electronic network is grounds for suspending or revoking network privileges and may result in discipline, up to and including expulsion from the Canopy program, as well as criminal or civil penalties.

In addition, I agree to indemnify Giant Steps for any losses, costs, damages, charges, or fees caused or incurred by the participant relating to or arising out of the participant's use of the electronic network or any violation of the Policy, procedures, rules, or other terms or conditions of electronic network access. In consideration for the participant's access to the electronic network, I hereby release Giant Steps and its individual Board members, officers, employees, agents, successors, and assigns from any claims and damages arising out of or related to the participant's use of, or inability to use, the electronic network

Parent/Guardian Signature

Date

Acknowledgement of Electronic Completion

By electronically completing these acknowledgement(s), I swear that I am the parent/guardian of the participant, I have the authority to complete and execute this document, and the information contained in this document is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Acknowledgement of Canopy Policy and Procedures Handbook

I acknowledge that I have received and read the 2018-2019 Canopy Policy and Procedures Handbook and that I have reviewed it with my child. I understand the policies, procedures, guidelines, rules, and expectations outlined in the Handbook are only a summary of all Canopy policies and rules, and that I am subject to and must abide by all Giant Steps policies. I also understand that a violation of any of Giant Steps' policies and rules may lead to disciplinary consequences. I further understand that the Handbook may be amended during the year without notice.

Parent/Guardian Signature

Date

Participant Name: _____

Acknowledgement of Attendance and Disenrollment Policy

I acknowledge that I have read and reviewed the attendance policy as outlined in the Canopy Handbook. I recognize that according to this policy a participant and the party responsible for their payment, is responsible for payment for the set days of enrollment indicated minus a 5% discount for attendance consideration from the 2018-2019 enrollment date through the end of the program year (July 26, 2019). These payments are spread out across 52 weeks and are due either on a weekly or monthly payment schedule from enrollment through August 16, 2019. I also recognize that should disenrollment from the Canopy program be determined at any point during the program year by either Canopy or the participant and parent/guardian, payments will be due for the duration of enrollment or 30 days from the time that written notification was provided, whichever comes last. I acknowledge that any missed attendance days above the 5% attendance discount will be charged into the weekly/monthly rate set at the time that the billing agreement was signed.

Parent/Guardian Signature

Date

Acknowledgement Billing and Payment Policies and Options

I acknowledge that I have read and reviewed the Canopy Billing and Payment Policies and Options in the Canopy Handbook. I recognize that I, or the indicated responsible party for payment, is expected to pay on a weekly or monthly payment schedule for the days of enrollment for the days indicated for the 2018-2019 program year. I understand that I have the option of paying by credit, debit, or electronic check and that a 3.1% fee will be charged for the use of a credit or debit card. These fees are not collected by Canopy/Giant Steps as additional income but are fees the organization incurs from our vendor for processing the payments in this format. I acknowledge that accounts are reviewed on a bi-weekly basis and that should an account have an outstanding balance more than 30 days past due, I should expect to receive notification of the need for the outstanding amount to be paid in full. I understand that if the payments or arrangements with the finance office are not made within a week of notification, the participant's attendance will be suspended, and weekly billing will continue until full payment is made. Additionally, I recognize that if 30 days pass from the time of suspension and billing is not brought current or an agreed upon payment plan is not upheld, Canopy reserves the right to discontinue services for the individual.

Parent/Guardian Signature

Date

Acknowledgement of the Canopy Caravan Pick Up and Drop Off Policies and Late Fee

I acknowledge that I have read and reviewed the Canopy Caravan policies outlined in the Canopy Handbook and understand the parameters for parking, pick up and drop off times, and notifying the appropriate Canopy staff in the event of a delay or change in schedule. I also acknowledge that should the participant not be picked up from the Lisle location by 3:15, emergency contacts will be notified, and a \$25 late fee will be charged to the individual's account.

Parent/Guardian Signature

Date

Consent for Addition of Parent/Guardian Information into the Canopy Family Directory

The Canopy Parents' Club would like to create a Canopy Family Directory that includes the first and last names of participant's and their household members including contact information (email, phone number, city/county). By signing below, I consent to having my and my child's information included in the directory. The directory will be shared with all Canopy Parents regardless of whether they have chosen to be included in the content. Canopy is not responsible for how the directory information is shared once it has been distributed to the Canopy families.

Parent/Guardian Signature

Date

