

SWIS After-School-Program



Dear parents,

We, SWIS (Settlement Workers in Schools), want to help newcomer kids build good relationships with other kids. One of the ways kids connect best, is through play. That is why we offer the *SWIS After-School-Program*. This is where kids can play, make new friends, and improve their English.

Your child is invited to participate in the *SWIS After-School-Program*. Starting on October 15, we will meet by the play structure at Elmdale Elementary School **Thursdays** from **4 to 5PM** to play and connect. Make sure your child is dressed for the weather. We will not meet on any holidays or weather-related school closure days.

If your child is interested to come, please fill out the attached registration form and let their teachers know by leaving a note in your child's agenda. Also, please read the following protocol in light of COVID-19.

Sincerely,

René Schulz

SWIS (Settlement Worker In Schools)
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EASTMAN IMMIGRANT SERVICES
A Steinbach Chamber of Commerce Program



SWIS After-School-Program



COVID-19 Protocols

We promise to practice the following guidelines as best as possible:

- Sanitize hands of each child before and after each SWIS After-School-Program
- Sanitize the equipment before and after each SWIS After-School-Program
- Keeping a physical distance of 6 feet (2m) as much as possible
- Group size, following the recommendation of the MB health authorities

We need your help to stay safe as well. Please have your child answer the following questions before they attend the SWIS After-School-Program:

1. Have you had close contact with someone who has COVID symptoms in the last 14 days?
2. Have you traveled outside of Canada in the last 14 days?
3. Have you been diagnosed, or been told to monitor symptoms to self-isolate in the last 14 days?
4. Have you had a runny nose, cough, sneezing, sore throat or been short of breath?

If your child answered yes to any of the questions, we ask that your child stays home. Help us stop the spread of COVID-19.

Despite the effort put in by SWIS or the Eastman Immigrant Services (EIS) to create a safe environment (as outlined above), it is possible for your child to contract an illness (incl. COVID-19) from another participant at the event.

I, _____, the parent/ guardian of, _____, understand that. I will not hold SWIS, EIS, any of their volunteers, nor any of the other parents responsible if my child contracts any illness (incl. COVID-19) from this event.

I also understand that, it is the nature of some sports to make physical contact with another participant. I, the parent/ guardian, acknowledge and take responsibility for it.

I give my consent for my child to participate in the SWIS After-School-Program.

Name (please print)

Signature

Date



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Registration Form

Dear Parent or Guardian,

Your child is participating in a program led by the Settlement Workers in Schools (SWIS), who are employees of the Eastman Immigrant Services (EIS) in Steinbach. For the purposes of data collection, to improve settlement programs in schools, and in case of an emergency, EIS is requesting the following information about your child, the parent/ guardian, and the emergency contact.

Information on the child

Name of the Child (Last, First) _____	Country of Origin _____
Date of Birth (YYYY-MM-DD) ____ -- ____ -- ____	Date of Arrival in Canada (YYYY-MM-DD) ____ -- ____ -- ____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Status in Canada _____
Manitoba Health Card ____ _ (6 Digit Number) ____ _ (9 Digit Number)	UCI # (I.D. Number on PR Card) _____
Address _____	Languages spoken at home _____

Information on the Parent/ Guardian and the Emergency Contact

Parent/ Guardian Name (Last, First) _____	Emergency Contact's Name (Last, First) _____
<input type="checkbox"/> Phone <input type="checkbox"/> Mobile 1 (____) ____ -- ____	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile 1 (____) ____ -- ____
Email _____	Email _____
Status in Canada _____	The emergency contact will only be contacted in case the parent/ guardian was unavailable.
UCI # (I.D. Number on PR Card) _____	



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I give my consent for SWIS to take photos or videos of my child	<input type="checkbox"/>	
I give my consent for SWIS to use these photos or videos for promotional purposes (on their social media, webpage, etc.)	<input type="checkbox"/>	
Is there any medical condition that SWIS needs to be aware of? (e.g. allergies) _____		
<p>I, the parent/ guardian of _____, understand that there may be risks involved in my child's participation in the activities organized by the Eastman Immigrant Services (EIS) worker (SWIS), and accept the risks on his/her behalf.</p> <p>Despite the effort put in by SWIS to create a safe environment, it is possible for my child to contract an illness (incl. COVID-19), or get injured while participating in a SWIS program.</p> <p>If my child requires any emergency medical treatment during the activities, and the parent, guardian, or emergency contact cannot be reached, I agree that an EIS employee (incl. SWIS, and volunteers) to act for me, and to make decisions for my child concerning his/her emergency medical treatment. Once I have been contacted about my child's situation, this agreement is no longer valid.</p> <p>I will not hold Eastman Immigrant Services (EIS), the Settlement Workers in Schools (SWIS), the Steinbach Chamber of Commerce, or any volunteers responsible in the event of injury or death.</p> <p>I, give my consent for my child to participate in the SWIS program and remain in the care of an Eastman Immigrant Services (EIS) worker (incl. SWIS) while participating in the activities.</p> <p>_____</p>		
Name (please print)	Signature	Date

