

PLEASE FULLY COMPLETE ALL SECTIONS

Child's Name: _____ **Date of Birth (MM/DD/YYYY):** ____/____/____
 Sex: F _____ M _____ Non-binary _____ Age: _____
 Legal Address: _____
 Mailing Address: _____
 Child's Start Date in Program: _____
(month/date/year)

Parent/Guardian Name: _____ **Home Phone:** _____
Address: _____ **Postal Code:** _____
 (Address must be the location on file for municipal emergency service responders)
Email Address: _____ **Cell Phone:** _____
Parent/Guardian Name: _____ **Home Phone:** _____
Address: _____ **Postal Code:** _____
 (Address must be the location on file for municipal emergency service responders)
Email Address: _____ **Cell Phone:** _____

Emergency Contact Information (This is someone OTHER than the parent/guardian)
Contact #1 Name: _____
Relationship to child: _____
Home Phone: _____ **Cell:** _____ **Work:** _____
Contact #2 Name: _____
Relationship to child: _____
Home Phone: _____ **Cell:** _____ **Work:** _____

<p>Persons Authorized to Pick-Up (Name & Phone Number / Relation to Child)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

<p>Persons NOT Authorized to Pick-Up (Name Only)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Please Note: if a biological parent is NOT Authorized to pick the child up, a Court Order must be provided to BGC Foothills Clubs

MEDICAL INFORMATION

Name of Family Physician: _____ Phone #: _____

Is your child on any regular medications? If yes, please describe:

Does your child have any allergies or skin reactions? If yes, please describe treatment:

Do you have any concerns regarding your child’s health? (seizures (febrile seizures), asthma, vision, hearing etc.) Please describe:

Are your child’s immunizations up to date?

Yes _____ No _____

Consent

Do you agree to allow:

Please initial by your response

Photographs of you and/or your child(ren) to be used for publicity reasons?

Yes _____ No _____

You and/or your child(ren) to participate in surveys for program evaluation?

Yes _____ No _____

You may transport my child by ambulance or car in case of an emergency?

Yes _____ No _____

I acknowledge that all the information I have provided is accurate to the best of my knowledge and agree to update any information as it changes

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

CHILD INFORMATION / PERSONAL DATA

Do you have any concerns regarding your child’s development? (Behaviour, Speech, Language, Mobility, etc.)

Has your child had previous Child Care experience? If yes, how did he/she adapt?

What is/are your child’s favourite toys/activities?

Please describe your child’s eating habits? (mannerisms)

Does your child have any food sensitivities?

Favourite Foods?

Strong Dislikes?

Does your child dress themselves?

Yes____ No____

Is your child toilet trained?

Yes____ No____

If no, how can we support you with toilet training?

Does your child nap?

Yes____ No____

PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE OF PERSONAL AND MEDICAL INFORMATION AND RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK

Our goal is to provide a safe experience for all participants registered in programs offered by BGC Foothills Clubs. Our programs, however, may include elements of risk and you, and/or, as the parent(s) or legal guardians of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk, **before or at the time** of enrolment in any BGC Foothills Clubs program. ***We believe in the informed consent of the participant(s) and/or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during our programs.***

Enrollment in a Club Program is your acknowledgement and acceptance of the risks or dangers that may occur during the program and thereby you, and/or as the parent(s) or legal guardian(s) of participants are deemed to have accepted the risks or dangers of this program.

In consideration of my, and/or my child(ren) or charge's participation in this program, I agree and acknowledge that:

Risks or dangers identifiable and unforeseen in the Club Programs at BGC Foothills Clubs include loss and/or damage of personal property. Injuries may occur when your child participates in activities such as sports programs, dances, bike riding, swimming and hiking. Inclement weather, plant allergies, insect bites and allergies, Animal and Livestock Encounters, food allergies, are other possible risks. There are also risks inherent and unforeseen when traveling to and from a Program outing, which may include mishaps during transportation. Transportation may be by hired coach, staff drivers in the clubs' own bus or volunteer drivers in their own vehicles.

I have read and clearly understand that there are identifiable and unforeseen risks or dangers to the Club Programs at BGC Foothills Clubs:

 (Participant's signature or parent/legal guardian signature if participant is under 18 yrs.)

1. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in a Club Program offered by BGC Foothills Clubs.

I freely and voluntarily release and discharge BGC Foothills Clubs, its employees, agents, instructors, volunteers, counsellors and camp leaders from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of BGC Foothills Clubs, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a Club Program.

I waive any claim I may have against BGC Foothills Clubs arising from my and/or my child(ren)'s or charge(s)' participation in the program and I will indemnify and save harmless BGC Foothills Clubs, its agents, employees, instructors, volunteers, counsellors and camp leaders for any claim, except negligence as defined by law on the part of BGC Foothills Clubs.

I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by BGC Foothills Clubs should a suit be launched on my child's or charge's behalf, except in the case of negligence as defined by law on the part of BGC Foothills Clubs.

BGC Foothills Clubs, including its agents, employees, volunteers, instructors, camp leaders and counsellors, may collect, use, retain and disclose my child(ren) and/or charge(s)' and my personal information wherein its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant. For example, disclosure of personal information to third parties may occur in the event of accident, sickness, counselling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts. The retention period for this personal information is seven (7) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed.

BGC Foothills Clubs may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child's or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceeds coverage by Alberta Health Care. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises and if not available then as soon as is reasonably possible.

I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING the **Participant Risk Acknowledgement, Release of Personal and Medical Information and Release, Waiver of Claim and Assumption of Risk**, and voluntarily accept and assume the risks or dangers inherent, identifiable and/or unforeseen in a Club Program offered by BGC Foothills Clubs, including personal injury and property loss, except in the case of negligence as defined by law on the part of BGC Foothills Clubs.

I give my informed consent to the terms and conditions of this document.

Participant's Full Name: _____

Signature of Parent/Legal Guardian (if participant is under 18 years): _____

Witness Signature: _____ Witness Name (print): _____

Address: _____ Phone Number: _____

Dated at: _____, Alberta Date: _____
 (month/date/year)

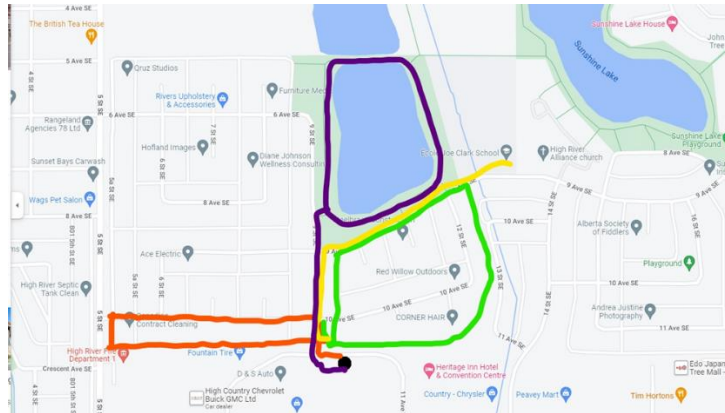
ANNUAL OFF-SITE ACTIVITY FORM

Club Name & Location

BGC Daycare – High River
 1006 11th Avenue SE, High River, AB
 Phone: 403-625-2702

In consideration of my child(ren) _____ or charge’s participation in this program, I agree and acknowledge that:

1. My child(ren) may be walked to any of the following locations within the areas noted in colour on the attached map, as well as the following routes:
 - Route #1 – Route marked in Orange (fire department/neighborhood)
 - Route #2 – Marked in Green (the berm/greenspace)
 - Route #3 – Route Marked in Purple (Emerson Lake)
 - Route #4 – Marked in yellow (to Joe Clark School)



2. Children may be walked Monday-Friday during the times of 9:00 -11:30 am and 1:30 - 3:30 pm. Staff will follow regulated child to staff ratios, including mixed child/staff ratios at all times while on walks.
3. Children go on walks/outdoor daily to promote large motor function, to connect with the community and experience nature and their surroundings in all seasons.
4. I freely and voluntarily release and discharge BGC Foothills Clubs – BGC Daycare (High River, its employees, agents, instructors and volunteers from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of BGC Foothills, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a club program.
5. Parents can contact the program at 403-652-2702 in order for staff or children to be contacted if parents need to access their child at the off-site location.

I hereby give my informed consent to the terms and conditions of this document.

Child’s Name _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian _____ Date _____
 (month/date/year)

This consent is in effect for one year from _____ through _____

BUSSING CONSENT FORM

In consideration of my child(ren) or charge's participation in the KinderCare program, I agree and acknowledge that:

1. My child(ren) will be picked up at the BGC Foothills Clubs in High River located at 1006 11th Avenue SE, High River, AB by the BGC Foothills Clubs Club Bus.
2. My child(ren) will be transported via Bus from the BGC Foothills Clubs located at located at 1006 11th Avenue SE, High River, AB to their respective school they are enrolled in, alternatively from their respective school to the BGC Foothills Clubs at located at 1006 11th Avenue SE, High River, AB, both before and after School as required.

Please Note: children will travel to multiple schools on the bus to accommodate drop off and pick up of other Club Members. Schools' locations include:

- Ecole Joe Clark School – located at 1208 9 Ave SE, High River, AB
 - Spitzee Elementary School – located at 409 Macleod Trail SW, High River, AB
 - Holy Spirit Academy – located at 4 21 St SE, High River
3. As we pick up and drop off at three (3) Schools (listed above) your child(ren) may remain on the bus for other school pick-ups and drop-offs, while the BGC Foothills Clubs Bus and Staff are picking up and dropping off other children from different schools both in the mornings and afternoons.
 4. I freely and voluntarily release and discharge BGC Foothills Clubs, its employees, agents, instructors and volunteers from all claims, demands, actions or causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of the BGC Foothills Clubs, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in a Club Program.

I hereby give my informed consent to the terms and conditions of this document.

Child's Full Name: _____

Signature of Parent/Legal Guardian: _____

Parent/Guardian Full Name: _____

Date: _____

MEDIA CONSENT FORM - CHILD/YOUTH

Name of Child/Youth: _____

Club name where Child/Youth is a Member: _____

Dear Parent or Guardian,

Your child may participate in an event or activity at BGC Foothills Clubs where photos/videos or audio recordings of club members may be taken for the purpose of representing BGC Foothills Clubs on promotional materials. Please read this media consent form carefully and indicate below your permission for your child's image to be used in this manner. Parents with children or under the age of 18 must sign this consent form in order to protect your child's safety and privacy.

Section 1

I give consent to have photos/video/film/audio of my child recorded and used in the promotional materials of BGC Foothills Clubs. My child's image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, our website, our Facebook site, etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by BGC Foothills Clubs, its members, and/or external partners.

 I Accept I Decline**Section 2 – HiMama**

BGC Foothills Clubs uses the HiMama App to communicate with parents/guardians. You will receive updates on your child's daily activities. I give consent for my child to be photographed for pedagogical documentation and posted as an activity to HiMama for you to read. I understand that these images may be individual or group.

 I Accept I Decline**Section 3 - Confidentiality Concern**

If you have a concern and do not want your child's image used, please check here:

Child's Name_____
Date_____
Parent Signature_____
Date

INDIVIDUAL MEDICATION AND MEDICATION ADMINISTRATION RECORD

ENSURE THAT ALL PRESCRIBED MEDICINE YOUR CHILD REQUIRES IS IN THE ORIGINAL PRESCRIPTION BOTTLE/PACKAGING AS GIVEN BY THE PHARMACY.

Parent/guardian approval for the administration of medication must be renewed with a new medication or prescription.

To be completed by parent/guardian:

Child's Name: _____

Medication: _____

Amount to be given: _____

Expiry Date of Medication: _____

Dates to be Given: Start date: _____ End date: _____ (MM/DD/YR)

Symptoms to observe or medical plan required: _____

If no medical plan required, parent please initial here _____ Date: _____(MM/DD/YR)

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____(MM/DD/YR)

Date	Medication	Dosage given	Time	Staff signature	Parent/Guardian signature

It is the parent/guardian's responsibility to notify us if the status of this consent changes.


ILLNESS POLICY

BGC Foothills Clubs has an Illness Policy in place. We ask that you do not send your child to Club if they have:

- A fever (38 °C)
- Have a continuous cough
- Have thick mucus (green or yellow) from their nose
- Have loose watery bowel movements -diarrhea
- Are vomiting
- Unexplained rash
- Eye redness or weeping discharge from the eye

Children should be kept home for a minimum twenty-four (24) hours if they have any of the above symptoms.

Likewise, should your child be sent home with illness, your child should not return for a minimum twenty-four (24) hours. If a child is sent home due to illness, a copy of the BGC Foothills Clubs – Child Illness Report will be provided to the parent/guardian or person picking the child up from the Club location with detailed information about when the child can return to Club. See the attached document for review.


Child Illness Report

Child's Name: _____ Date: _____
 Reporting Educator: _____

_____, has shown the following symptoms:
(Child's Name)

<input type="checkbox"/> Fever	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Runny Nose	<input type="checkbox"/> Congestion	<input type="checkbox"/> Head Lice
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Eye Infection	<input type="checkbox"/> Rash
<input type="checkbox"/> Continuous Cough	<input type="checkbox"/> Stomach ache	<input type="checkbox"/> Other _____

Temp: _____	Time: _____	Temp: _____	Time: _____
Temp: _____	Time: _____	Temp: _____	Time: _____

Due to the symptoms listed above,
 Tomorrow, _____;
(Child's Name)

Will be able to come back to Daycare

Will be able to come to Daycare on _____ IF they have been symptom free for 24 hours
(Date)

Will NOT be able to come to Daycare until _____
(Date)

Will NOT be able to come back Daycare unless they have with a Doctor's note

Our Illness Policy states that children:

- Must be fever free for 24 hours before returning
- Stools must have returned to normal for a full 24 hours before returning
- Must wait at least 24 hours after an episode of vomiting before returning.

Staff Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____

If the Club has an outbreak of contagious sickness (determined by AHS) of two or more cases of illness your child should be kept home for a minimum of 48 hours.

PARENT/GUARDIAN CODE OF CONDUCT

The purpose of the Parent/Guardian Code of Conduct is to provide a mutual understanding regarding conduct expectations. BGC Foothills Clubs staff are committed to providing a caring and supportive environment for all families by acting with integrity and holding themselves to the highest standard of ethical conduct. We recognize the importance and value of a mutually supportive and respectful relationship between the staff and parents/guardians. Parents/guardians play an important role by supporting the efforts of the staff in maintaining a safe environment when they follow protocols. BGCF prohibits the following behaviors.

- Unpaid fees for services. Suitable arrangements must be mutually agreed upon.
- Unsatisfactory attempt to resolve an issue using the conflict resolution steps.
- A participating child/youth’s inappropriate behaviors which cause a risk to themselves and other participants on a continual basis, even after supportive care plan meetings with Management.
- Abuse and harassment of any kind towards the childcare educators will not be tolerated.
- Parents/guardians that choose to post grievances and criticism publicly on social media that disparages the reputation of BGCF or its employees and have not sought direct communication with a Program Director or Director of Operations for clarity and/or conflict resolution.

Anyone not respecting the above guidelines may be suspended from program registration and/or asked to leave BGCF premises and/or have services terminated. In less severe situations, where remediation is viable, a warning will be provided, either verbally or in writing.

If BGC Foothills Clubs plans to terminate service, a phone call will be made to the family by either the Program Supervisor/Daycare Director, Director of Operations or the CEO. Additionally, a detailed note regarding the termination will be placed in the Membership File.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____
(month/date/year)