

**CAYLEY OUT OF SCHOOL CARE**  
(Including KinderCare, Before School and After School)  
**REGISTRATION PACKAGE**

**PLEASE FULLY COMPLETE ALL SECTIONS**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ (MM/DD/YR)  
Sex: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ **Age:** \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Child's Start Date in Program: \_\_\_\_\_ (MM/DD/YR)

**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><b>Persons Authorized to Pick-Up</b> (Name &amp; Phone Number / Relation to Child)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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<p><b>Persons NOT Authorized to Pick-Up</b> (Name Only)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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**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 \_\_\_\_\_

**SCHOOL INFORMATION**

SCHOOL CHILD IS ENROLLED IN: \_\_\_\_\_

GRADE CHILD IS ENROLLED IN: \_\_\_\_\_

KINDERGARTEN SCHEDULE (IF APPLICABLE):

Days School Attended: \_\_\_\_\_ (please attach school schedule)

**OPTIONAL PD DAYS:** You must pre-register your child(ren) up for all PD Days and Break days if you require childcare on those days. All PD Days and Break Days will be held at the High River OSC program. If you do not sign up for care for these days your child(ren) may be denied care. Full Days are an additional \$25.00 (for children not enrolled in Kindergarten). Full days are staffed using ratios, we will not be able to accommodate without notice. **Initial:** \_\_\_\_\_

**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 \_\_\_\_\_

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**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.)

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

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

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What are your child's eating habits? (mannerisms)

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Does your child have any food sensitivities?

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Does your child dress themselves?

Yes\_\_\_\_ No\_\_\_\_

Is your child toilet trained?

Yes\_\_\_\_ No\_\_\_\_

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

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Does your child have any siblings? If yes, please list their ages?

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What method of discipline is used at home?

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**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.)

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)

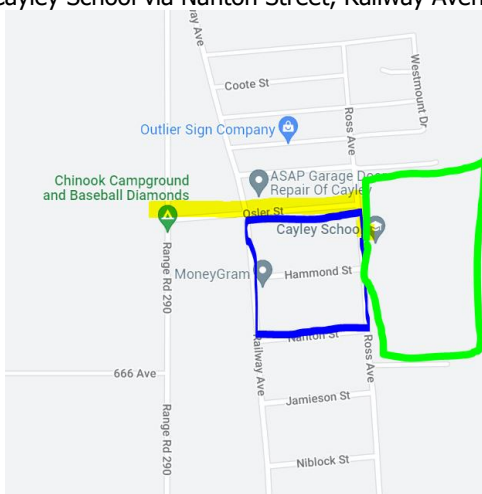
**ANNUAL OFF-SITE ACTIVITY FORM**

Club Name & Location

BGC Foothills Clubs - Cayley Out of School Care (OSC) Program  
 904 Ross Ave, Cayley, AB  
 Phone: 403-422-0824

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

1. My child(ren) will be dropped off at Cayley School located at 904 Ross Ave, Cayley, AB T0L 0P0. My child will gather at the BGC Foothills Clubs located at Cayley School, Room 108 to participate in the BGC Foothills Clubs – Cayley Out of School Care and KinderCare program.
2. My child(ren) will be picked up from the BGC Foothills Clubs located at Cayley School, Room 108.
3. My child(ren) may be walked to any of the following locations within the area in yellow on the attached map that follows; as well as the following routes:
  - Route #1- Cayley School Playground: route marked in green
  - Route #2- From Cayley School to Chinook Campground and Baseball Diamonds: marked in yellow
  - Route #3- Around the community from Cayley School via Nanton Street, Railway Avenue and Osler Street: route marked in blue



4. My children may be walked on various outings in the community by BGC Foothills Clubs staff and volunteers. Children may be walked Monday to Friday between the hours of 9:00 am and 5:30 pm. Staff will ensure that regulated staff/child ratios are followed at all times while on walks and that children are constantly supervised.
5. Children go on walks and outdoors daily as a way to promote physical health and gross motor function, to connect with the community and experience nature in all seasons.
6. I freely and voluntarily release and discharge Boys and Girls Clubs of the Foothills, it’s employees, agents 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 Boys and Girls Clubs of the 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.

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

Participants Full Name: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(month/date/year)

**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.



**bgc Foothills Clubs**

**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 \_\_\_\_\_ (Date) IF they have been symptom free for 24 hours

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)