



## Blair Road Neighbourhood Association

### Kids Club Program Registration Form

#### 1. Parent Contact Information

Parent 1: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Phone (Secondary): \_\_\_\_\_

Parent 2: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Phone (Secondary): \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Relationship: \_\_\_\_\_

Pick up okay? Please circle: Yes No

## 2. Participant Information

### Child 1

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

Birthdate: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_\_ Grade: \_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

### Child 2

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

Birthdate: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_\_ Grade: \_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

### Child 3

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

Birthdate: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_\_ Grade: \_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

## 3. Medical/Special Consideration Information

\*Medical concerns/conditions: (e.g. asthma, diabetes) Circle: No Yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Any special considerations? Circle: No Yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**\*PLEASE NOTE: STAFF DO NOT ADMINISTER MEDICATIONS**

Do any of your children require an inhaler or EpiPen®? Circle: No Yes

*Internal Use: Copy of EpiPen® Release Form completed and on file?* Circle: Yes

Please indicate by check mark which time and days you wish to register your child(ren) for:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>					
<b>Afternoon</b>					

I acknowledge that all information provided in this completed form for the Blair Road Neighbourhood Association is accurate and complete.

Dated \_\_\_\_\_

Signed \_\_\_\_\_  
Parent or Guardian

Please Print: \_\_\_\_\_  
Parent or Guardian