

PLEASE FULLY COMPLETE ALL SECTIONS

Child's Name: _____ **Date of Birth:** ___/___/_____
Sex: _____ F _____ M _____ Age: _____
Legal Address: _____
Mailing Address: _____
Child's Start Date in Program: _____ Termination Date: _____

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

Contact #1 Name: _____
Address: _____
(Address must be the location on file for municipal emergency service responders)
Relationship to child: _____
Home Phone: _____ Cell: _____ Work: _____

Contact #2 Name: _____
Address: _____
(Address must be the location on file for municipal emergency service responders)
Relationship to child: _____
Home Phone: _____ Cell: _____ Work: _____

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

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)

PD DAYS: You must sign your child(ren) up for all days PD Days and Break days. 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 _____

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?

What are 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____

If yes, how long does your child typically nap for? _____

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

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

What method of discipline is used at home?

How does your child react?

How would you describe your child's personality?

What is the dominant language used at home?

What are your childcare expectations?

Please explain any other information that will help us better understand your child:

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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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)

WALKING/TRAVEL CONSENT FORM

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

1. My child(ren) could be picked up at Isabelle Sellon School and transported by busto Horace Allen School; alternatively from Horace Allen School to Isabelle Sellon school to participate in the program. Children may also be bussed or walked to various field trips within the community. Parents will be notified beforehand of the itinerary for these additional trips.
2. 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. I hereby give my informed consent to the terms and conditions of this document.

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Participants 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_____
Parent Signature_____
Date_____
Youth Aged 18+ Signature_____
Date**Section 2 - Confidentiality Concern****If you have a concern and do not want your child's image used, please check here:** _____
Child's Name_____
Date

INDIVIDUAL MEDICATION RECORD

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

*Parent approval for the administration of medication or herbal remedy must be renewed monthly

To be completed by parent/guardian

CHILD'S NAME: _____

MEDICATION: _____

AMOUNT TO BE GIVEN: _____

DATES TO BE GIVEN: Start Date: _____

End Date: _____

SYMPTOMS TO OBSERVE OR SPECIAL INSTRUCTIONS: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

To be completed at the time medication is administered

Please ensure that all prescribed medication you or your child requires is in the original prescription bottle/packaging as given by the pharmacy.

DATE	MEDICATION	DOSAGE	TIME	STAFF SIGNATURE