

# SCHOOL YEAR CHILDREN & YOUTH Program Registration Form



## PARTICIPANT INFORMATION:

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Sex: M / F Other \_\_\_\_\_

Date of Birth (DD/MMM/YR): \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian #1:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Please check if this is your child's primary place of residence:

Mailing Address: \_\_\_\_\_  
(P.O. Box, Number, Street,) (Town/City) (Province) (Postal Code)

Physical (Home) Address: \_\_\_\_\_  
(Number, Street,) (Town/City) (Province)

Primary Phone Number (where you can be reached): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(for parent newsletter and child program information purposes)

**Parent/Guardian #2:** Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Please check if this is your child's primary place of residence:

Mailing Address: \_\_\_\_\_  
(P.O. Box, Number, Street,) (Town/City) (Province) (Postal Code)

Physical (Home) Address: \_\_\_\_\_  
(Number, Street,) (Town/City) (Province)

Primary Phone Number (where you can be reached): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

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

## **Emergency Contact Information (other than parents/guardians listed above):**

Emergency Contact # 1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Full Street Address:** \_\_\_\_\_  
(Number, Street,) (Town/City) (Province)

Emergency Contact # 2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Full Street Address:** \_\_\_\_\_

Revised June 2019

*This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). This information will be used in the administration of this program. If you have any questions regarding the collection and use of this information, please contact the Town of Banff FOIP Coordinator ([municipal.clerk@banff.ca](mailto:municipal.clerk@banff.ca)) at 403-762-1209.*

(Number, Street,)

(Town/City)

(Province)

**DISMISSAL:**

I give my child permission to leave the Out of School Club Program independently (**child must be in Grade 2 or higher for independent departure**)

**Yes**, my child may leave at \_\_\_\_\_ pm and:       Walk home     Walk to my workplace

**No**, my child will be picked up at the program by the individual(s) designated below. (Only those listed below will be allowed to pick up your child.)

In addition to the parents/guardians listed, my child may also be picked-up by the following people:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

**HEALTH INFORMATION:**

List any allergies, medications or medical conditions:

---



---



---

Are immunizations are up to date?       Yes  No

**AUTHORIZATION**

By signing this form, I hereby state that the information above is true and understand that any changes to the above information must be communicated to on-site program staff to maintain up to date records.

\_\_\_\_\_  
(printed **parent/guardian** name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Revised June 2019