



Whitecourt & District

Registration For Summer Camp 2024

4812 50th Ave. Box 2053 Whitecourt, Alberta T7S 1P7 (780) 778-6696

www.whitecourt.bgccan.com



**Opportunity Changes
Everything**



Today's Date:

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

CHILD INFORMATION

First Name:	Last Name:	Middle Name:
Address (legal land description if out of town):		Postal Code:
Mailing Address:		DOB (mm/dd/yyyy):
School Name:		Grade:

PARENT/GUARDIAN INFORMATION

Child Resides With: Mother () Father () Both Mother and Father () Foster Parents () Grandparents () Other () _____	
Mother/Guardian Name:	Father/ Guardian Name:
Address (including postal code):	Address (including postal code):
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Work Phone #	Work Phone #
EXT:	EXT:
Work Place/ Employer:	Work Place/ Employer:
Email:	Email:

Emergency Contact Information

Primary Emergency Contact (other than parent/ guardian)

First Name:	Last Name:	
Address (legal land description if out of town):	Postal Code:	
Relationship to Child:	Home Phone #:	Cell Phone #:

Secondary Emergency Contact

First Name:	Last Name:	
Address (legal land description if out of town):	Postal Code:	
Relationship to Child:	Home Phone #:	Cell Phone #:

Adults who have permission to sign out your child (May be or may not be the same as Emergency Contacts)

First Name:	Last Name:	
Relationship to Child:	Home Phone #:	Cell Phone #:

First Name:	Last Name:	
Relationship to Child:	Home Phone #:	Cell Phone #:

Custody Information

If your child is the subject of a custody or access order or designated as protected in an order issued under the Child Welfare Act, Domestic Relation Act, Divorce Act, or the Young Offenders Act, we reserve the right to be informed of these circumstances. Please indicate if any such order affecting the safety, security, custody or access of your child has been issued.

NO

YES

If yes, please explain who is involved and what the order states. We may require a copy of the court order to remain on file:

General Information

Alberta Health Care Number: _____

Doctor: _____ Phone Number: _____

Does your child identify as First Nations, Metis, or Inuit? yes no

Are your child's immunizations up to date yes no

	Never	In Past	Now	Additional Information
Allergies				
Anger Management Issues				
Asthma				
Developmental Delays				
FASD				
Formal Behavioural Diagnosis (ODD, ADHD, ADD, etc.)				
Physical Aggression				
Social Interaction Difficulties				

Other Issues/ Concerns				
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Does your child have any needs that staff should be aware of in order to help your child have a successful and enjoyable experience in our programs?

Yes No If yes, please explain

At school, does your child receive individualized assistance in class, at lunch, or on the playground?

Yes No If yes, please explain

At the BGC, we honor and respect all cultural and/or religious diversities. Is there anything you would like us to take note of?

Yes No If yes, please explain

Does your child routinely take prescription medication(s)?

Yes No If yes, please explain

Please note that if staff at the BGC are requested by a parent to administer medication to a child, there are documents that must be completed by the parent prior to staff dispensing medication(s). When a child has prescription emergency medication, such as an Epi-Pen, documentation is to be completed at time of registration for the administration of emergency medications and kept on file at the BGC. Please refer to the Parent Handbook for more information.

Registration

A monthly calendar, provided by the BGC, must be filled in by parents indicating the specific days the child will be attending the Club. Parents are billed according to the days that they filled in on the attendance calendar. Cancellation of summer camp days requires 48 hours' notice to obtain a credit on file for future programming. Cancellations for Mondays and Tuesdays must be given prior to 6pm the Friday before. Please refer to the Parent Handbook for more details.

Club closure dates are based on statutory holidays. Monthly calendars are marked with any additional closure dates that parents should be aware of. We will be closed July 1 and August 5 for statutory holidays in 2024.

Parental Consent and Waiver Form for Off Property Excursions

I give permission to the staff of BGC Whitecourt & District to take my child on walking excursions during the 2024 Summer Camps. Destinations may include the following but are not limited to:

- Whitecourt & District Public Library
- Whitecourt Central School
- Festival Park

I, _____, the parent/guardian of _____, give my child permission to participate in walking excursions in Whitecourt, Alberta.

I authorize the senior staff members present with my child to seek medical attention for my child in the event of any injury or sickness when they are unable to contact the parent. BGC Whitecourt & District staff will continue to try to contact the parent and the persons on the emergency contact list. When determined necessary by the Executive Director or the Program Manager (or designate), the BGC staff will phone for an ambulance and a staff member will accompany my child to the hospital.

Parent/Guardian Signature: _____ Date: _____

Summer Breakfast and Snack Program

Children are provided with breakfast and an afternoon snack while attending our Club. Breakfast will be a rotating mix of healthy cereals, yogurt, fresh fruit, muffins, toast, and oatmeal. Afternoon snacks are also provided. Afternoon snacks typically consist of fresh fruit, veggies, homemade baked goods, and small meals, like tacos or mini pizzas. A menu is posted in our Club each week – please refer to the menu to see what we will be serving for the week. Please be advised that we will do our best to accommodate all children’s health needs while attending our program, however, if you feel that your child requires a strict diet, we strongly encourage you to provide meals and snacks for your own child.

Please note that parents are responsible for providing a morning snack and a lunch for their child. All food provided by the parent/guardian must be pre-cooked. We are NOT permitted by Alberta Health Services to cook or reheat outside food that has not been prepared in our facility. Our approximate mealtimes are as follows:

- Breakfast: served from 7:00am until 8:00am, but children are welcome to bring their own breakfast and eat at our table when they arrive
- AM Snack: 9:45am until 10:15am
- Lunch: Noon until 12:30pm
- PM Snack: 3:00pm until 3:30pm
- Please note, we offer flexibility on this schedule based on the children’s needs. There may be times when the children are hungry, so we will eat earlier, or times when the children are engaged in their activities, so we will eat later.

I understand that I am responsible for providing one morning snack and a pre-cooked lunch every day for the duration of the summer. If my child has additional food needs, I will communicate that information with BGC Whitecourt & District staff to ensure that my child is cared for throughout the day.

Parent/Guardian Signature _____ Date: _____

Permission/Informed Consent

Thank you for choosing the programs and services of BGC Whitecourt & District. By initialing each statement, you indicate that you understand and agree to the following:

Please initial each item:

____ As the Parent/Guardian of _____, I hereby provide consent for my child to participate in the programs offered by BGC Whitecourt & District. This may include recreational activities that are offered at the BGC, as well as offsite activities.

____ I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental, or emotional). My signature indicates that I trust the qualifications and competence of BGC Whitecourt & District staff members in creating a challenging yet safe environment for my child.

____ I understand that when my child participates in recreational activities during BGC Whitecourt & District programs, as parents we are assuming the risks associated with doing so.

____ I authorize the senior staff members present with my child to seek medical attention for my child in the event of any injury or sickness when they are unable to contact the parent. BGC Whitecourt & District staff will continue to try to contact the parent and the persons on the emergency contact list. When determined necessary by the Executive Director or the Program Manager (or designate), the BGC staff will phone for an ambulance and a staff member will accompany my child to the hospital.

____ BGC Whitecourt & District does not provide accidental death, disability, dismemberment, or medical expenses insurance for members of the Club.

____ BGC Whitecourt & District shall not be responsible or legally liable for any damage or loss of personal property while my child is attending any programs that are part of BGC Whitecourt & District.

____ I have read and understand the nutrition policy and agree to supply a morning snack and lunch each day for my child that fits within the nutrition guidelines as outlined in the Parent Handbook.

____ I have read and understand the Child Guidance Policy as outlined in the Parent Handbook.

____ I have read and understand the Medication Administration policy and agree to abide by the policy as outlined in the Parent Handbook.

____ I have read and understand the Health Care/Supervision of Sick Children policy and agree to abide by the 48-hour symptom free period as outlined in the Parent Handbook.

____ I have read and understand the Arrival, Departures, and Parking Policy and agree to abide by the policy as outlined in the Parent Handbook.

____ I have read and understand the Client Fees and Parent Payments Policy and the Credits on Account Policy and agree to abide by the policy as outlined in the Parent Handbook.

____ I have read and understand the Late Pick-Up Policy as outlined in the Parent Handbook and agree to paying the \$5.00/minute fee when this policy is not followed.

____ I have read and understand the Cancellation Policy and agree to abide by the policy as outlined in the Parent Handbook.

____ I have read and understand the Drop-In Policy and agree to abide by the policy as outlined in the Parent Handbook.

____ I have read and understand the Outside Toys/Belongings and Locker Space policy and agree to abide by the policy as outlined in the Parent Handbook.

____ I agree to supply non-marking indoor shoes, a water bottle, sunscreen, appropriate clothing based on weather, as well as a change of clothes and bug spray (if my child requires these last two items).

____ I give my consent for photographs in which my child may appear in to be used to promote activities and programs offered by the BGC Whitecourt & District, including advertising on our social media (Facebook, Instagram), as well as other advertising including but not limited to the Community Spectrum, Annual Report, and paper flyers distributed within the community.

I declare that I have read, understand, and agree to the contents of this PERMISSION/INFORMED CONSENT AGREEMENT in its entirety.

Parent/Guardian Name: _____
Please print

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