



Whitecourt & District

**Registration For
Out-of-School Care
2024/2025**

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



MEMBERSHIP FORM

PLEASE PRINT CLEARLY AND ENSURE THAT EVERY SECTION HAS BEEN COMPLETED

CHILD INFORMATION

 FULL TIME
 PART TIME

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:
Workplace/ Employer:	Workplace/ Employer:
Email:	Email:

EMERGENCY CONTACT INFORMATION

As per the Government of Alberta, we are required to have at minimum two emergency contacts on file for each child. Please complete ALL of the information below for your selected emergency contacts.

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 (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 #:

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

Does your child speak English as a second language? yes no

Is your child considered to be a new immigrant to Canada (living in Canada for less than 5 years)? yes no

Is your child in the foster care system? yes no

Do you (or your child) identify as homeless? 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 Health 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 when 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. Medication Administration Record Form is attached and must be filled out for all medications. Please refer to the Parent Handbook for more information.

Please indicate the program(s) that your child will attend:

- | | |
|-----------------------------------------------------|-----------------------|
| <input type="checkbox"/> Before School Care Program | Main Club Only |
| <input type="checkbox"/> After School Care Program | Main Club Only |
| <input type="checkbox"/> PD Day Care Program | Main Club Only |
| <input type="checkbox"/> Spring/Summer/Winter Camp | Main Club Only |

- 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.
- Cancellations of before or after school programming requires 24 hours' notice in order to obtain a credit on file for future programming.
- Cancellation of PD Days requires 48 hours' notice in order to obtain a credit on file for future programming.
- Please refer to the Parent Handbook for more details.

Please initial each statement, showing that you understand each policy:

Drop In Programming

For the drop-in program, I understand that I need to contact the Club to confirm that there is space in the program for my child at least 24 hours preceding the date the Club is needed. If this is not done, I understand that I will be subject to a \$20.00/day fine for each day my child is dropped off with no notice.

PD Days and Spring/Summer/Winter Camps

**Please note that P.D. days are not included in the monthly After School Care Program
A child must have completed a registration package prior to his/her registration for a PD Day. PD Day cancellation requires **48 hours** notice. Please refer to the Parent Handbook for more detail.*

Club closure dates are based on statutory holidays. Monthly calendars are marked with PD Days and any additional closure dates that parents should be aware of.

TRANSPORTATION TO BGC IN 2023/2024

If your child will be attending the Main Club location at 4812 50th Avenue, it is the parent's responsibility to confirm with the Northern Gateway Public Schools Administration Office as to whether an additional bus pass must be purchased in order to access bus transportation to and from the BGC at 4812 50th Avenue. Northern Gateway Public Schools can be contacted at (780) 778-2800.

Parents and guardians are responsible for contacting NGPS to find out which bus their child may be placed on in order to attend the BGC before and after school.

Permission/Informed Consent

Thank you for choosing the programs and services of BGC Whitecourt & District. By initialing each statement, you indicate that you have read, 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 off site 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 initials indicate 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 Child Guidance Policy as outlined in the Parent Handbook.

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

____ I have read and understand the Arrival and Departures Policy as outlined in the Parent Handbook.

____ I have read and understand the Payment Policy, Collections Policy and the Credits on Account 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 as outlined in the Parent Handbook.

____ I have read and understand the Drop-In Child Policy as outlined in the Parent Handbook.

____ I have read and understand the Harassment/Abuse Policy as outlined in the Parent Handbook.

____ 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: _____

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 2024/2025 school year. Destinations may include the following but are not limited to:

- Whitecourt & District Public Library
- Whitecourt Central School
- Rotary 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: _____



Medication Administration Form

Child's Date of Birth: _____ (MM/DD/YYYY)

Diagnosed Condition: _____ Diagnosing Doctor: _____

Symptoms of Condition: _____

Medication Name: _____ Medication Storage: _____

Medication Dose: _____

Medication Administration Steps: _____

Special instructions for administration (ie. take with food, take before noon, etc.): _____

When is Medication to be Administered?

- Specific Time(s): _____
- As Needed/Emergency Basis (ie. As Needed, when short of breath): _____

Can the Child Administer Medication on their own? : YES NO

Can Medication be Administered by Staff : YES NO

If so, please provide a signature confirming that you, the legal guardian, agrees that staff can help administer medication and that you have provided the staff below with the proper training to administer this medication to your child.

Parent Name: _____ Parent Signature: _____

BY SIGNING, STAFF AGREE THAT :

- They have read the Medication Administration Record Form
- Have received training by the child's guardian
- They agree medication will only be administered according to the labeled directions
- All remaining medication must be returned to the legal guardian when the authorized period of administration has ended.

STAFF NAME	STAFF INITIAL	TRAINING DATE	GUARDIAN INITIAL

STAFF CONFIRM THAT THE MEDICATION RECEIVED:

- Is in the original labeled container
- Has a label that clearly states:
 - Child's Name
 - Amount Administered
 - Name of the Medication
 - Time of Administration
- Has an Expiry Date

1ST CHECK : _____

STAFF INITIAL & DATE

2ND CHECK : _____

STAFF INITIAL & DATE

