



Program Registration Form

Registration Date (mm/dd/yyyy): _____

- Program (check all that apply):** Before & After School Care
- After School Care Only
- Before School Care Only
- Summer Camp
- School Break Camp

Child Information

Child's Name (First, Last)	Birthdate (mm/dd/yyyy)
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Child's Home Address

Medications & Health Information

Alberta Health Care Card Number	Pediatrician's Name	Pediatrician's Phone Number
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Pediatrician's Address

Any medication Required (epi pen, inhaler, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type
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Name of Medication (Please complete medication form)

Is your child immunized? Yes No

Allergies

Dietary restrictions

Cultural Background/Ethnicity

Inclusive Care Needed? Yes No

Please Specify condition below. (e.g. ADHD, ADD, autism, etc.)

Please specify any existing medical conditions, medications and/or special attention your child may require



Fort McMurray
Boys & Girls Club

20 Riedel Street
Fort McMurray, AB T9H 3E1
T 780-791-7775
fmbgc.ca



Program Registration Form

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First Parent/Guardian Information

Parent or Guardian Name (First, Last)

Home Address

Cell#

Work#

Email

Place of Work

Work Address

Second Parent/Guardian Information

Parent or Guardian Name (First, Last)

Home Address

Cell#

Work#

Email

Place of Work

Work Address

Emergency Contact Information

Contact Name (First, Last)

Relationship to Child

Home Address

Cell#

Work#

Email



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Authorized Pick Up Contacts

First Pick Up Contact

Contact Name (First, Last)		Relationship to Child
Cell#	Work#	Email

Second Pick Up Contact

Contact Name (First, Last)		Relationship to Child
Cell#	Work#	Email

Third Pick Up Contact

Contact Name (First, Last)		Relationship to Child
Cell#	Work#	Email

Please list any immediate family members or individuals that are denied phone calls or access to your child

Name (First, Last)	Relationship to Child
Name (First, Last)	Relationship to Child

Emergency First Aid, Medical Treatment & Transportation Waiver of Liability Consent

1.	I hereby give permission that my child listed above may be given emergency treatment by a staff member from this program deemed necessary. I also give permission for my child to be transported by car or ambulance to an emergency hospital or clinic for treatment and agree to fully indemnify and hold the Fort McMurray Boys & Girls Club management, staff and board harmless. Any costs associated to medical care and treatment (including ambulance fees) will be my responsibility as their parent/guardian.
2.	If I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and I fully indemnify and hold the Fort McMurray Boys & Girls club management, staff and board harmless.
3.	I understand that any costs associated with medical care and treatment (including ambulance fees) will be my responsibility as parent/guardian of above child.
4.	I hereby authorize the leaders of the program to secure medical advice and services, as they deem necessary, for the health and safety of my child; and I agree to accept financial responsibility for any costs.

Signature of Parent or Guardian	Date
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Field Trip Waiver of Liability Consent

I hereby permit that my child listed above can participate in supervised and unscheduled field trips to the local park or walks in the neighborhood that would involve taking the child outside of the child care program premises for his/her benefit in attendance at this program. If major field trips (involving transportation in a vehicle) are planned, a separate permission form will be provided in advance for parents/guardians to sign. This form will include the date, transportation and supervision arrangements of the activity.

Signature of Parent or Guardian

Date

Terms & Conditions

1. I have been advised of the program activities and I am aware that there are certain risks inherent in my child's participation in the program activities.
2. I understand that every care and attention will be given to the health and comfort of my child and indemnify the Fort McMurray Boys & Girls Club Board and Staff of all liability for any personal injury or injury to any third-party child resulting from my child's participation in any activities, programs or field trips.
3. It shall be the discretion of the leader of the activity, as to what steps must be taken for the welfare and safety of my child. Children are expected to participate fully in FMBGC programs and to behave in the appropriate manner. Each child is given as much care and attention as possible, but the parents and the children must note that continuous disruptive behavior, which affects the enjoyment and safety of others, may result in the child being sent home.
4. I, the Parent/Guardian give my permission to use my or my child's photograph publicly to promote the Fort McMurray Boys & Girls Club. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Terms & Conditions Continued

5. I give permission to release my child's information to the Alberta Child and Family Services Licensing Officer for quality and licensing purposes.
7. I understand that my child is to be **picked up and signed out by 6:30 PM at the latest** each day for before and after school care. **And by 5:30 PM the latest for summer camp.** I understand that I will be billed a \$1.00 per minute charge for late pickups after the above times.
8. I understand that The Fort McMurray Boys & Girls Club does not provide refunds on Child Care services, summer camps or programs.
9. I fully understand and accept the above Terms and Conditions, and I have discussed this carefully with my child and/or spouse.

Signature of Parent or Guardian

Date

Staff Signature

Date

For any questions or concerns, please contact zap@fmbgc.ca or 780-791-7775 x 1.



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