

Child Name: _____

Gender: Boy/Man Girl/Woman Transgender Non-binary 2 Spirit
 Other Prefer not to answer Specify your own value: _____

Indigenous? Yes No Francophone? Yes No

Born in Canada? Yes No English/French not first language? Yes No

Is English or French your first Language? Yes No

DOB: ____/____/____ Days required: Mondays Tuesdays Wednesdays Thursdays Fridays
 Month / Day / Year *please circle your child's non-kindergarten days

Address: _____ City/Town: _____ Postal Code: _____
*If a rural address, the land location is required.

Parent/Guardian/Caregiver (please complete all areas or put none if not applicable)

Parent/Guardian Name: _____ Home or Cell #: _____

Address: _____ City/Town: _____ Postal Code: _____
*If a rural address, the land location is required.

Email: _____ Work #: _____

Parent/Guardian Name: _____ Home or Cell #: _____

Address: _____ City/Town: _____ Postal Code: _____
*If a rural address, the land location is required.

Email: _____ Work #: _____

Emergency Contact (someone other than the Parent/Guardian and is within 30 minutes of the program)

Emergency Contact 1: _____ Home or Cell #: _____

Emergency Contact 2: _____ Home or Cell #: _____

Other Persons permitted to pick up (first and last name): _____

Kinder Club- Clear Vista School Program Fees Policy

All Kinder Club program fees are due on or before the first business day of each month or prior to the scheduled program start date.

Fees not received on the first business day of each month will be subjected to a late payment charge of \$40.

I acknowledge that my child must attend the program for 50+ hours per month to ensure that Affordability Funding is received on my behalf to the Kinder Club Program.

I have read and understand the program fees policy.

INITIALS _____

Late Pick-up Policy:

BGC Wetaskiwin is unable to offer childcare outside of program hours. If participants are picked up outside of regular program hours, a fee of **TEN DOLLARS (\$10.00) per 15 minutes** or part thereof, will be charged.

I have read the above policy and understand what it means.

INITIALS _____

Affordability Funding:

I give consent to the Boys and Girls Club of Wetaskiwin to share my child's name, date of birth, parent/guardian name(s), contact information (telephone and /or email) and start date, registered attendance hours with the Government of Alberta for the purpose of receiving Child Care Affordability Funding.

I have read the above policy and understand what it means.

INITIALS _____

Health Information

Allergies: _____

Medications: _____

*An Administration of Medication form will need to be completed for any medication to be administered during program hours.

Other Medical or Health Information: _____

Are your Child's Immunization records up to date?

Yes

No

Consent to Receive Services

I, _____ (Parent/Guardian/Caregiver)
of _____ (Child)

consent to have my child receive services from the BGC Wetaskiwin voluntarily and without coercion or undue influence. I understand that consent may be withheld, given or revoked by the client or guardian at any time. This consent will remain in effect for the duration of the service (September 1, 2026 – June 30, 2027). I understand and agree to receive the services delivered as part of the BGC Wetaskiwin program. Programming activities such as recreational activities and outings involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury, which may result from participating in the above-mentioned activities.

1. Traffic Accident on the van or bus while being transported to and from activities.
2. Child tripping, falling, or injuring themselves while participating in programs.
3. Food allergy/choking while eating
4. Being injured by toys or other children.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the participant, or BGC Wetaskiwin, its employees/agents or the facility where the activity is taking place. By choosing to take part in the BGC Wetaskiwin programs, you are accepting risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities.

I have been informed of the Grievance Policy and Guiding Behavior Policy. I understand that if my child discloses an intention to harm themselves or others, provide a disclosure of abuse, or if a client's file is subpoenaed by a court of law, the employee, service provider, or volunteer must, by law, report this information to the appropriate authorities. I understand my child's rights as a member of BGC Wetaskiwin. I understand that if my child decides to leave the program and the jurisdiction of the staff and programming area of their own free will and will not cooperate, the BGC Wetaskiwin will not be held responsible. However, a call will be placed to inform me of the situation. By signing below, consent is given to implement guiding behaviour practices.

I am aware that the BGC Wetaskiwin may share information regarding my child registration with BGC Canada and funding agencies of BGC Wetaskiwin, if required. By signing this form, I acknowledge that it is complete and if any changes occur, I will update the program as soon as possible.

Art Work, Photos and Video Recordings

I give permission for the BGC Wetaskiwin to display any work product, art work, photos and video recordings of the above-named child within the agency facilities, program spaces, websites, social media sites, and with media outlets for demonstrating impact, recognition and program promotion.

YES NO In Center Only

Release of Liability

I waive my legal rights against the BGC Wetaskiwin for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled within the City and County of Wetaskiwin**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical, and ambulance expenses.

Parent/Guardian/Caregiver Signature

Date

Staff Signature

Date

Cultural Questionnaire
(Only one per family)

To teach our children to be accepting, and respectful of others culture, they must first know their own. In this section we hope you will help us better understand your culture and home life so we can better represent that here in our program.

What is (are) the name(s) of your child(ren)?

Where is your immediate family from?

Were all members of your family born in Canada? YES NO

What is the MAIN culture your family adopts?

Are there any other cultures that your family shares?

How would you like us to express your culture to your child(ren)?

Please share some of your families' cultural practices.

Would you be willing to share knowledge of your culture with the children in our program in the following ways?

**Meet with the children to share stories about your culture? YES NO

** Bring in artifacts, pictures, costumes etc. from home? YES NO

** Teach us some simple aspects of your language? YES NO

** Teach us some games and/or songs from your culture? YES NO

Sunscreen and Bug Spray Permission Form

I _____, parent/guardian of, _____, give permission to the staff of Kinder Club- Clear Vista School to apply sunscreen and bug spray that I have sent and labelled with my child's name. Should my child run out of sunscreen the program may apply Banana Boat SPF 30 or 60, until I have purchased new sunscreen.

Parent /Guardian Signature

Date

Parent Handbook Acknowledgement

I _____ acknowledge that I have been given access to the Kinder Club- Clear Vista School Parent Handbook and that I have read and understand the information in it.

Parent or Guardian (Print)

Participant (Child's Name)

Signature

Date

Witness (Print name)

Signature