bgc Wetaskiwin

School Age Programs (SAP) Registration Form 2026-2027

Child/Youth 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: _____/_____/_____ School: _____ Grade: _____

Month / Day / Year *child needs to be in kindergarten up to Grade 6 for Out of School Care

Address: _____ City/Town: _____ Postal Code: _____

*If a rural address, the land location is required.

Participant Email (if applicable): _____ Participant Cell # (if applicable): _____

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): _____

Out of School Care Programs

Before School

☐ Wetaskiwin OSC Great Start (5109 51 Street)

After School

☐ Clubhouse OSC (4705 47 Avenue)

☐ Wetaskiwin OSC (5109 51 Street)

Youth Programs ☐

Including but not limited to:
Learn On, Drop-in, Torch, Keystone/Lead Up, Kid Food Nation, STEM, Respect2Connect

This section is only required if you are registering your child for Out of School Care - Before and/or After School

Program Fees: All Out of School Care program fees are due on or before the first day of each month or prior to the scheduled program start date.

* Any outstanding fees that exceed three (3) months or $400 may result in suspension of programs and services.
* Any bank charges to the agency for Nonsufficient Funds will be applied.

I have read and understand the program fees policy. **INITIALS _____**

Late Pick-up: 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_____**

Cancelation: To cancel or withdraw your child from Out of School Care, please provide thirty (30) days' notice, in writing to the Director. Parent/guardian/designated caregiver will be responsible for any parent portion owing due to cancelling or withdrawing less than 30 days.

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 Child and Youth Immunizations up to date? ☐ Yes ☐ No

Consent to Receive Services

I, _____ (**Parent/Guardian/Caregiver**)

of _____ (**Child/Youth**)
consent to have my child/youth 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 – August 31, 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/youth tripping, falling, or injuring themselves while participating in programs.
3. Food allergy/choking while eating
4. A drowning while participating in a swimming activity.

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, it 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/youth 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 Conflict Resolution and Grievance Policy and the Guiding Behavior Policy. I understand that if my child/youth 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/youth's rights as a member of BGC Wetaskiwin. I understand that if my child/youth 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/youth's 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