

Name: _____

DOB: _____ / _____ / _____ Age: _____ School: _____ Grade*: _____
Month / Day / Year *child needs to be in kindergarten up to Grade 6 for OSC

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

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

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

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

Email: _____ Work #: _____

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

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

Email: _____ Work #: _____

Address: _____ Postal Code: _____
*If a rural address, the land location is necessary.

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

Emergency Contact #1: _____ Home/Cell #: _____

Emergency Contact #2: _____ Home/Cell #: _____

Health Information

Allergies: _____

Medications: _____

*Administration of Medication Form needs to be completed for any medication to be administered during program hours.

Other Medical or Health Information: _____

Immunizations are up to date: Yes No

My child will attend: (Check all that apply)	Dates	Activities
<input type="checkbox"/>	July 4-7	In House Programming includes, but is not limited to: academic, cultural, arts and crafts, healthy living, technology, dramatic play, and blocks. Off-Site Activities include: Clubhouse OSC or Wetaskiwin OSC Community parks/playgrounds Precision Gymnastics Manluk Centre
<input type="checkbox"/>	July 10-14	
<input type="checkbox"/>	July 17-21	
<input type="checkbox"/>	July 24-28	
<input type="checkbox"/>	July 31 – August 4	
<input type="checkbox"/>	August 8-11	
<input type="checkbox"/>	August 14-18	
<input type="checkbox"/>	August 21-25	

Parent/Guardian Signature

Date

BGC Staff Signature

Date