



CHILDCARE APPLICATION AND REGISTRATION FORM

Child Information

Name: _____ Preferred Name: _____
Date of Birth (dd/mm/yyyy): _____ Grade: _____ Gender: _____
Home Address(es): _____
City: _____ Postal Code: _____
Phone #: _____ Resides with: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Child: _____
Primary Phone #: _____ Cell Phone #: _____
Email Address: _____
Work Place: _____ Work Phone #: _____
Work Address: _____
City: _____ Postal Code: _____
Home Address: Same as Child - or - _____
City: _____ Postal Code: _____
Parent/Guardian Name: _____ Relationship to Child: _____
Primary Phone #: _____ Cell Phone #: _____
Email Address: _____
Work Place: _____ Work Phone #: _____
Work Address: _____
City: _____ Postal Code: _____
Home Address: Same as Child - or - _____
City: _____ Postal Code: _____

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent/guardian cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Primary Phone Number: _____	Primary Phone Number: _____
Alternate/Cell Phone Number: _____	Alternate/Cell Phone Number: _____
Home Address: _____	Home Address: _____
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Name	Relationship to Child

Health Information

Has your child had any history of communicable diseases Measles Chicken Pox
 Whooping Cough Other: _____

Does your child have any conditions that may require medical or special attention, which the Club should be aware of (such as epilepsy, diabetes, allergies, etc) If so specify:

Is there any medical treatment, drug, or medication that may need to be administered to your child?

YES NO **If yes**, please specify: _____,

If yes, written instructions to the Club for the administration must be provided when your child is registered.

Additionally, an individualized plan for children with medical needs must be developed between the parent and the childcare centre prior to the child's first day of care.

Does your child have any special requirements for diet or exercise? YES NO

If yes, please specify: _____

Does your child have support at school Yes No

Does your child have any behavioural concerns, conditions, or disorders of which the Club should be aware? This information is key in providing a successful experience for your child.

Please Specify:

Additionally, an individualized plan for children is required prior to the child's first day of care.

If your child does not attend school, please provide the Club with your Child's immunization record to be copied. No child will be accepted for registration without up-to-date immunization records.

Sunscreen Acknowledgment

- I understand that I will be responsible for providing the Club with sunscreen to be applied to my child while is participating in the program.
- I do not want my child to use sunscreen while participating in programs at the Club

REGISTRATION ACCEPTANCE

By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me above is complete and accurate.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date (dd/mm/yyyy): _____

Staff Name: _____

Staff Signature: _____ Date (dd/mm/yyyy): _____

Enrollment Date: _____ Discharge Date: _____

Enrollment Date: _____ Discharge Date: _____

Enrollment Date: _____ Discharge Date: _____

Enrollment Date: _____ Discharge Date: _____

Licensed Child Care and Authorization Program Disclosure can be reviewed on the BGC Kawarthas' website. <https://www.bgckawarthas.com/ckl-programs/licensed-childcare>

OFFICE ONLY

Licensed Childcare and Authorized Recreation Program Disclosure Provided to Parent/Guardian

Staff Initial: _____ Date (dd/mm/yyyy): _____

Behaviour Care Plan

Child Name: _____

Date of Birth (dd/mm/yyyy): _____

Behaviour: _____

*Participants Picture
Responsibility of the
parent/guardian*

Symptoms of Behaviour

Strategy to Manage Behaviour

(Signature of Parent/ Guardian)

(Date dd/mm/yyyy)

For Office Use Only:

- Form has been read and directed to appropriate supervisor
- Entered into Active Net

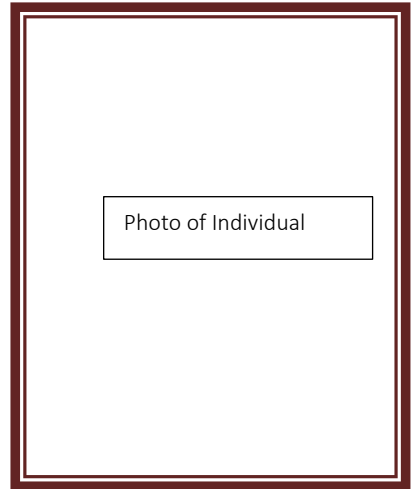
(Signature of Office Staff)

INDIVIDUALIZED PLAN FOR A CHILD/YOUTH WITH MEDICAL NEEDS

Child Full Name: _____

Date of Birth (dd/mm/yyyy): _____

Date Individualized Plan Completed: _____
(dd/mm/yyyy)



Medical Condition(s):

- Diabetes Asthma
- Seizure Allergy/Other: _____
- Anaphylactic – EpiPen/ALLERJECT _____mg Expiry date: _____

Family Doctor: _____ Phone #: _____

Prevention and Supports-

WHEN COMPLETING DETAILS MUST BE SPECIFIC AND DETAILED TO THE CHILD

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):
[Include how to prevent an allergic reaction/other medical emergency; (ie: Pureeing food to minimize choking)]

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): *(ie: feeding tube, glucose monitor, etc., or N/A)*

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable): *(ie: glucose monitor is stored on the second shelf in the program room storage closet or N/A)*

SUPPORTS AVAILABLE (if applicable): *(i.e.: enhanced staff to assist with feeding, etc. or N/A)*

Full Name: _____ **Date of Birth** (dd/mm/yyyy): _____

Symptoms and Emergency Procedures

WHEN COMPLETING DETAILS MUST BE SPECIFIC AND DETAILED TO THE CHILD

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:
[include observable physical reactions (i.e.: hives, shortness of breath, etc.)]

PROCEDURE TO FOLLOW IF INDIVIDUAL HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: *[Include steps (i.e.: administer 2 puffs of corticosteroids; wait and observe the individual's condition; contact emergency services/parent or guardian, etc.)]*

PROCEDURES TO FOLLOW DURING AN EVACUATION: *(i.e.: ice packs for medication and items that require refrigeration; how to assist the individual)*

PROCEDURES TO FOLLOW DURING FIELD TRIPS: *(i.e.: how to assist and care for the individual during a field trip)*

This plan has been created in consultation with the individual's parent/guardian.

Parent/Guardian Signature:

Print name:	Relationship:
Signature:	Date: (dd/mm/yyyy)

Emergency Contact Information:

First and Last Name	Relationship	Home Phone	Work Phone	Cell Phone

Waivers (Please check boxes and initial)



Participant Name: _____
(the "Child")

Participant DOB (dd/mm/yyyy): _____

Acknowledgment of Risk & Release of Liability

I acknowledge by contracting with BGC Kawarthas, I am aware of the risks involved in the activities my Child will be participating in at the Club. In consideration of my Child being permitted to come onto the property owned, leased, or contracted by the BGC Kawarthas, and participate in programs and services contracted by myself, I hereby agree to release and discharge BGC Kawarthas' officers, board members, servants, funders, volunteers, Club members, and employees from all liability claims and courses of action of any nature whatsoever in the event of any accident, injury, or sickness regarding my Child, myself, any spouse of mine, and any member of my family arising out of such use of properties and services of BGC Kawarthas.

I have read, understand, and agree to the above statement. _____ Initials

Peak Adventure Centre

I consent to my Child participating in Peak Adventure Centre programs. I understand that the Acknowledgement of Risk & Release of Liability includes Peak Adventure Centre programs and activities. I understand my Child can participate in Peak Adventure Programs at the age of 7 and above.

I have read, understand, and agree to the above statement. _____ Initials

Medical Waiver

To the best of my knowledge, I have fully disclosed any physical and/or health issues that could potentially affect my youth's participation in Club programs or activities. I authorize the Club staff to obtain medical advice and services as they deem necessary for the health and safety of my Child. In cases where my medical consent is needed, I authorize BGC Kawarthas employees to provide medical consent when all reasonable attempts to contact me, another parent/guardian of my Child, or an emergency contact has failed, as well as in the case of a medical emergency when there is not enough time to contact me, another parent/guardian of my Child, or an emergency contact, I accept full financial responsibility for all medical costs that exceed coverage provided by the Ontario Health Insurance Plan.

I have read, understand, and agree to the above statement. _____ Initials

Media & Promotional Disclosure

I acknowledge and agree that my Child may participate in an event or activity at, or operated by, the BGC Kawarthas and/or BGC Canada, or both, at which photographs, video(s), audio or similar or other recordings of Club members, including of my Child (hereinafter referred to as a "Personal Likeness"), maybe taken for the purpose of representing the BGC Kawarthas and/or Canada on or for promotional and other materials and advertising. I hereby give the BGC Kawarthas and/or the BGC Canada consent to use, disclose and reproduce my Child's Personal Likeness for promotional, marketing, fundraising and advertising purposes. I acknowledge and agree that my Child's Personal Likeness may be published or reproduced in newsprint, promotional videos, television commercials, program brochures, posters, the Internet or otherwise displayed to the public or used for other promotional, educational and/or fundraising purposes, in whole or in part, by the BGC Kawarthas, BGC Canada and/or external partners thereof.

I have read, understand, and agree to the above statement. _____ Initials

Technology Agreement

I confirm and grant permission for my Child to utilize a Club Chromebook or other internet connected device while participating in Club programs or services. I recognize that participants using a Chromebook will receive a login and password. As a parent/guardian I understand that I am responsible for supervising my Child's use of technology devices and the internet at home to ensure that my Child does not use the Club's login and passwords on other devices, i.e. home computers or share the password with others. I understand that the Club monitors the use of Club accounts, including Chromebooks. Best efforts are taken to block inappropriate content that does not align with the Club's Core Values, or would be harmful to participants.

I have read, understand, and agree to the above statement. _____ Initials

Canada's Anti-Spam Legislation (CASL) Consent Waiver

I consent/ opt-in to receive commercial electronic messaging (CEM) communications from Boys and Girls Clubs of Kawartha Lake (BGCKL) related to news, updates, programs, products, events, and/or initiatives. Please check off the commercial messages you consent to receive:

- from BGCKL Active Net Registration System.** *If you do not opt-in BGCKL will only send information related to current program/ service you and/or a family member have registered in to support safety and keep you inform of changes including payments, quality assurance and/ or program updates and changes.*
- from BGCKL E-Newsletter** provider Vertical Response.

I have read, understand, and agree to the above statement. _____ Initials

Signatures

I represent and warrant that I am the parent, natural guardian and/or legal guardian of the Child, who is a minor and, in such capacity, on my behalf and on the behalf of the minor participant, the Child, I agree to the terms and conditions set out above.

Signature of Parent or Guardian of Minor Participant: _____ Date: _____

Signature of Participant if 18 or older: _____ Date: _____