

Program Registration 2024-2025

2024-2025 Programs (please check all program areas):

- Middle Years After-School Program (ages 5 to 12)
- Middle Years Evening Programs and Additional Services
- Day Camps (ages 5 to 12)
- Teen Centre Programs and Services (ages 12 to 18)

Other programs and services may be developed and implemented throughout the 2024-2025 School Year



Youth's Name: _____ Age: _____

Date of Birth (m/d/yr): _____

Gender: male/female/non-binary/transgender/2 spirit/choose not to answer _____

Pronouns (she/her, he/him, them/they, other): _____

Address: _____ City: _____

Postal Code: _____

Parent/Guardian Info

Parent/Guardian (1) Name: _____

Address (if different from youth's): _____

Email Address: _____

Phone Numbers:

Cell #: _____ Home: _____ Work: _____

Parent/Guardian (2) Name: _____

Address (if different from youth's): _____

Email Address: _____

Phone Numbers:

Cell #: _____ Home: _____ Work: _____

Alternate/Emergency Contact

Name: _____ Phone Number: _____

Relationship to Child: _____

Is this child in Foster Care?

Yes No

If yes, name of childcare worker: _____

School Information

2024-2025 School Attending: _____

2024-2025 Grade: _____

Does your child receive any supports from an EA (Education Assistant) within the school system?

Yes No

Health Information

Hospitalization Number: _____

Dietary Restrictions: _____

Allergies:

- Seasonal
- Food (please specify) _____
- Insect (please specify) _____
- Other _____

Emergency Allergy Medications: Inhaler Epipen Other _____

Other Relevant Medical Information: _____

Learning/Behavioural Needs: _____

Does your child have a disability? (ex. Physical Disability or Cognitive Disability such as: ADHD, FASD, etc.)

- yes
- no
- choose not to answer

If yes, please explain (voluntary): _____

Other Considerations (Any additional information which may assist your child in positively participating in our programs): _____

Demographic Information (THIS SECTION IS VOLUNTARY)

The following information is collected and used solely, on an anonymous basis, for granting and organizational purposes only:

Please check if any of the below categories apply to your child:

- First Nations Métis Inuit Black Person of Colour
- New Canadian (country of origin: _____)

Primary Language(s) spoken in the home: _____

Secondary Language(s) spoken in the home: _____

Family Setting (Primary Residence):

Two Parent/Guardian Household (please select from below):

Mother/Father

Mother/Stepfather

Mother/Mother

Father/Stepmother

Father/Father

Other: (relationship to child) _____

One Parent/Guardian Household (please select from below):

Mother

Other: (relationship to child) _____

Father

_____ I have reviewed and updated my child's Arrival and Departure Form as necessary
please initial

Parent/Guardian Signature

Date (m/d/yr)

*This Registration form is valid from September 1, 2024 to June 30, 2025. BGC Yorkton is committed to protecting the confidentiality of personal information. The information collected will assist BGC Yorkton in service delivery and is kept confidential.

For Office Use Only:

Club Membership Form completed

Parent/Guardian Handbook provided