

## Program Registration 2025-2026



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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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## School Information

2025-2026 School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Yes  No

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## Health Information

Saskatchewan Health Number: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

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Allergies:

- Seasonal
- Food (please specify) \_\_\_\_\_
- Insect (please specify) \_\_\_\_\_
- Other \_\_\_\_\_

Emergency Allergy Medications:  Inhaler  Epipen  Other \_\_\_\_\_

Other Relevant Medical Information: \_\_\_\_\_

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Learning/Behavioural Needs: \_\_\_\_\_

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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 8, 2025 to June 30, 2026. 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!*

<b>For Office Use Only:</b>	
Club Membership Form completed <input type="checkbox"/>	Parent/Guardian Handbook provided <input type="checkbox"/>