bgc Yorkton

PLEASE COMPLETE USING DARK BLUE OR BLACK INK ONLY! IF EMAILING TO CLUB ONLY GOOD QUALITY SCANS WILL BE ACCEPTED – NO PICTURES!

Program Registration 2026-2027

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

2026-2027 School Attending: _____ Grade: _____

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

☐ Yes ☐ No

Health Information

Saskatchewan Health 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: _____

_____ 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 2, 2026 to June 25, 2027. 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 ☐