



COMMUNITY PROGRAMS PARTICIPANT INFORMATION

CD 498 (R2020-10)

via email as pre-registration is required.

PLEASE RETURN THIS COMPLETED FORM

Participant Surname, First Name (please print)	Date of Birth (YYYY-MM-DD)	Age
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Community You Live In	Address
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Parent/Guardian Surname, First Name (please print)	Relationship to Participant	Phone () _____ Home Numbers () _____ Work () _____ Cell
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Emergency Contact Surname, First Name (please print)	Relationship to Participant	Phone () _____ Home Numbers () _____ Work () _____ Cell
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Emergency Contact Surname, First Name (please print) (Other than Parent or Guardian)	Relationship to Participant	Phone () _____ Home Numbers () _____ Work () _____ Cell
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Please state any **allergies**, medical conditions, medications*, food restrictions or face mask exemptions that we should be aware of. (If your child requires medication, please complete a "Medication Form" on the first day of program.)

*Medications **MUST** be brought daily, in their original container, with a label indicating the type of medication, dosage, participant's and physician's name.

Please let us know if your child has a disability or any specific needs (physical, emotional, behavioural or developmental) that staff should be aware of.

Child Pick-up Information:

To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Please indicate below which method of pick-up is the best for your family. **Unless otherwise indicated below, your child will only be released to those listed at the top of this form. (ID may be required).**

Other family members or friends, as indicated below, may pick-up my child (ID may be required).

Name(s): _____

My child is allowed to sign him/her self out at the end of the program. We recommend a meeting place is predetermined that both you and your child are familiar with. Once signed out from the camp, we "release care" of that child and are no longer responsible for his/her welfare.

Program Name:	Program Community:	Program Session/Dates:
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Parent/Guardian's Signature:	Date		
	YYYY	MM	DD

(I have read the information contained on this page and have answered all of the questions to the best of my knowledge)

Your personal information is being collected for the purpose of program registration, contacting parents/guardians in the event of an emergency, and safety awareness. This information is collected pursuant to Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection or use, please contact Social Programs Administration at 403-268-5152.