

JOHN TOD WAITLIST FORM



Personal Information and Confidentiality: Your personal information is collected for (1) registration purposes to ensure that we provide a safe and supportive environment for your child, and (2) for completing demographic and statistic reports for our funders. We respect the privacy of all our members. The information you provide is confidential and will not be shared without your written permission. To learn more about our privacy policy, please visit www.bgckamloops.com or speak to a member of our administration team. If you have any questions or concerns about this form, we're happy to help. **Please email the completed form to k.mcarthur@bgckwl.com**

PROGRAM REQUEST FOR JOHN TOD LOCATION (MAIN CLUB LOCATION)

Preferred Start Date: _____

Do any of your other children already attend the Club? Yes No Not Applicable

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth (month/day/year): _____ School attending: _____ Grade: _____

Best Phone Number(s) To Reach You At: _____

Email Address: _____

Preferred Method of Contact: Phone Email Text

MEDICAL INFORMATION

BGC Kamloops is a safe and inclusive place for all children and youth. Please complete the following information so we can better support the health and safety of your child.

Does your child have any health, physical limitations, or special considerations that our staff team should be aware of (e.g., behavioural concerns, injuries, emotional sensitivities, disabilities, recent loss, seizures, food allergies, vegetarian, etc.)? Yes No

If yes, please explain:

SIGNATURES

Name of Parent/Legal Guardian (please print): _____

Signature of Parent/Legal Guardian: _____

Date of Signature: _____

COMMUNICATION LOG (OFFICE USE ONLY)

Date of Contact	Time	Message	Outcome

Date removed from waitlist: _____

Reason: _____

Staff Signature: _____

Date of Signature: _____