

# LOWER SAHALI 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](http://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 [beattie@bgckwl.com](mailto:beattie@bgckwl.com)**

## PROGRAM REQUEST FOR LOWER SAHALI (BEATTIE 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: \_\_\_\_\_