WAITLIST FORM

Kamloops

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** e.jones@bgckwl.com

PROGRAM REQUEST FOR *JOHN TOD/LCK* (3 TO 5 ROOM)

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): _____

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: _____