



File Code: PS-24

Calgary AfterSchool – REGISTRATION – Children (Grades 1 – 6)

Program Name:		Program Location:		Today's Date (mm/dd/yyyy):	
Participant's Name (First, Last):			Gender:	Age:	Birth date (mm/dd/yyyy):
Address:				Postal Code:	
Parent / Guardian (First, Last):		Home Phone:	Cell Phone:	Work Phone:	
1 st Emergency Contact Name (First, Last):			1 st Emergency Phone Number(s):		
2 nd Emergency Contact Name (First, Last):			2 nd Emergency Phone Number(s):		
Medical Information (allergies, medication, disabilities, etc.):					
Would you like to be contacted for future programming opportunities?					
<input type="checkbox"/> Yes email address: _____					

<p style="text-align: center;">Option: Pick up Child</p> <p>My child will be <u>picked up by a parent/guardian</u> or other specified adult. Note: I am aware that at some programs it may be mandatory to pick up my children after program ends:</p> <p>Name: _____</p> <p>Signature: _____</p> <p style="padding-left: 20px;">Other adults able to pick up my child:</p> <p>Name: _____</p> <p>Contact Information: _____</p> <p>Name: _____</p> <p>Contact Information: _____</p>	<p style="text-align: center;">Option: Child Can Walk Home</p> <p>My child may <u>walk home unsupervised</u>. I _____, give permission for my child _____ to walk home from the above named program). I understand that if, at any time, a City of Calgary staff determines that the child is not conducting themselves in a safe, capable, and responsible manner this privilege will be revoked.</p> <p>Signature: _____</p> <p>Date: _____</p>
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The personal information collected on this form is collected under the Freedom of Information and Protection of Privacy Act, Section 33 (c). The information is used for program registration, statistical processes, contacting parents/guardians in the case of an emergency, and contacting the registrant regarding future programs. For questions, contact Community Programs & Services, Administration at (403) 268-5152.