



of Northern Alberta

Unit #21B, 10019 MacDonald Ave.
Fort McMurray, AB T9H 1S9
Tel: (780) 790-9236
www.girlsincofnorthernalberta.org

PROGRAM REGISTRATION FORM

This form is confidential when complete.

Date:

Program Name:

New to Girls Inc.

Returning to Girls Inc.

School Name:

Current Grade:

Participants First Name:

Participants Last Name:

Date of Birth:

Age:

Ethnic Background:

Address:

City:

Postal Code:

Home Phone Number:

Family Information

Who does the child live with?

Does your child have any siblings?

Yes

No

If Yes, please list sibling(s) name, age and gender:

For statistical purposes only, we ask for your combined annual income. This information will be kept confidential: (Place a checkmark in the appropriate box)

Under \$12,000

\$12,000 to \$25,000

\$25,000 to \$37,500

\$37,500 to \$50,000

Over \$50,000

Mother/Guardian 1 Full Name:

Phone Number:

Address:

Alternate Number:

City:

Postal Code:

Email:

Place of Work:

Work Phone Number:

Father/Guardian 2 Full Name:

Phone Number:

Address:

Alternate Number:

City:

Postal Code:

Email:

Place of Work:

Work Phone Number:

Medical Information

Alberta Health #:

Doctor's Name:

Does your child have any allergies or medical issues that we should be aware of? (please specify below)

Does your child have any learning or behavioural challenges? (please check all that apply)

ADD

ADHD

Depression

FASD

OCD

ODD

Manic Depression

Other (Please Specify)

Emergency Contact (other than guardian)

Emergency Contact:

Relationship to child:

Emergency Contact Phone Number:

Emergency Contact:

Relationship to child:

Emergency Contact Phone Number:

People permitted to pick up your child:

People NOT permitted to pick up your child:

Waiver

I, _____, hereby give permission for _____, to become a part of Girls Inc. of Northern Alberta programs, including participation in field trips and other outings. I also agree that my child may take part in a study of this program to find out if it is helping girls as much as possible. I also understand that I may be asked to take part in the study. In consideration of the organization permitting her to participate in such; I waive all demands and rights of legal action we may have on our behalf or on her behalf against Girls Inc. of Northern Alberta or any of its employees or agents as a result of the negligence or any other act of omission of Girls Inc. of Northern Alberta or its employees or agents.

I agree to the above waiver

Medical Permission:

I give permission for my child _____ to receive emergency treatment and/or hospitalization if necessary. I understand that all efforts will be made to contact me.

I agree to the above medical permission

Media Consent & Copyright Release

Girls Inc. of Northern Alberta has an open and beneficial relationship with print, broadcast, and social media as a means of promoting and reporting on program activities. To permit this relationship to continue we require parental consent to publish a photo and/or video recording of your child as they participate in programming.

Yes, I give my consent to the information disclosures, as described above

No, I do not give my consent to the information disclosures, as described above

I hereby grant permission to Girls Inc. of Northern Alberta on behalf of _____, to have their work displayed and/or reproduced for non-profit, educational purposes.

Yes

No

Parent/Guardian Certification

The personal information collected on this form is part of the Girls Inc. of Northern Alberta registration process and is authorized under the provisions of Section 33(C) of the FOIP Act. All personal information collected during the registration process will be used to provide an educational program and ensure a safe and secure environment.

I hereby certify that, to the best of my knowledge the information provided is complete and accurate.

Parent/Legal Guardian
Signature

Date

Please add me to the Girls Inc. mailing list

Preferred email address:

Please subscribe me to the Girls Inc. e-newsletter

Preferred email address: