



Registration form for after school program For Grades 1 - 8*

***Each child must be a current member of the BGCL and have a separate ASP registration form completed**

_____ 370 Pond Mills Road, Unit 41

_____ has my permission to participate in the After School Program (A.S.P.) at the Boys & Girls Club of London
Child's Name

Date of Birth: _____ **Age:** _____ **Home Phone:** _____ **Cell Phone:** _____

Address: _____

Parent/Guardian name: _____ **Relationship:** _____

Parent/Guardian name _____ **Relationship:** _____

My child will be attending: (Please check) _____ **Every Day – this option is strongly recommended.**

OR please circle which days: Mondays Tuesdays Wednesdays Thursdays Fridays

Emergency Contact during 3:30 – 6:00 p.m.:

_____ 1st Phone number: _____ 2nd Phone number: _____
Name and Relationship to Child

_____ 1st Phone number: _____ 2nd Phone number: _____
Name and Relationship to Child

Individuals who are allowed to pick up my child: _____

Individuals who are NOT allowed to pick up my child: _____

Dietary Concerns / Health Concerns / Disabilities that we need to be aware of:

I give my child permission to walk home alone from Unit #41 YES NO

Note: Children 7 years of age or younger will need to be picked up by a parent or guardian or will be walked home by a staff member by 6:00 p.m. My child is 7 Years of age or younger

I give my child permission to have their picture taken for Club promotional purposes YES NO

Parent/Guardian's Signature

Date

Please return this section to Unit 41 – 370 Pond Mills Road or Boys & Girls Club of London.

Kidtrax #: _____