Calgary AfterSchool Connects - Virtual Program

ALL FIELDS ARE MANDATORY * Please return completed form by February 26, 2021

Child's Name (First, Last):	Community you live in:	Age:
School you attend:	Address:	

Email Address to be used to join into the virtual program **please note that the email address provided will be used to send notices to join into the virtual program. If you need to provide a separate email for communication with our staff, please note below.*

Please state any allergies, medical conditions, or medications that we should be aware of (If your child requires medication, please complete a "Medication Form" on the first day of program. Medications must be brought daily, in their original container, with a label indicating the type of medication, dosage, participant's and physician's name)

Please let us know if your child has any specific needs (physical, emotional, physical or developmental) **that our staff needs to be aware of to support your child(s) participation in this program:**

Parent / Guardian (First, Last):	Home Phone:	Cell Phone:	Work Phone:
1st Emergency Contact Name (First, Last):	1st Emergency Phone Number(s):		

***** 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.