

Kids in Action Children's Program - Registration Form

Participant Information

Last Name:		First Name:		Birth Date:	
Gender:					
Allergies:					
Accessibility Needs:					

Household Information

Name:	Email:	Phone # of Adult:
Address (Street, City and Postal Code):		
Participant lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other	
Are there any special custody arrangements? (If No, please leave blank)		
If Yes, please describe:		

Health Information

Does your child have health concerns of which we need to be aware? (If No, please leave blank)	
<input type="checkbox"/> Allergies <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Prescribed Medication <input type="checkbox"/> Other	
If Yes, please describe:	
Does your child have any life-threatening medical conditions? (If No, please leave blank)	
My child's medical condition is:	
Does your child have an EpiPen®? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Health History

Reaction to bug bites or stings (Please describe)
Does your child have any behavioural considerations - diagnosed or suspected (e.g. ADHD)
Is your child currently taking any medication?
Please list any other relevant information

Emergency Contact

Name:	
Relationship to Participant:	
Daytime Phone Number:	
Evening Phone Number:	
Email:	

Registration Details – Please indicate which days the participant intends to attend the program

<input type="checkbox"/> Saturday, November 23	
<input type="checkbox"/> Saturday, November 30	
<input type="checkbox"/> Saturday, December 7	
<input type="checkbox"/> Saturday, December 21	
<input type="checkbox"/> Phone <input type="checkbox"/> Email	How do you wish to be contacted to complete this registration? (Select one)

Upon completing this registration, a staff member from our Intake Counselling Services Team will be in touch

Western Ottawa Community Resource Centre is located at 2 MacNeil Court in Kanata, Ontario.

Once form is completed, please:

- Send it to youth@wocrc.ca - or -
- Print out and bring to Western Ottawa Community Resource Centre (WOCRC), located at 2 MacNeil Court in Kanata, Ontario