

## 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 #:
Address (Street, City and Postal Code):		Birth Date:
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)

Allergies  
  Hearing  
  Vision  
  Speech  
  Prescribed Medication  
  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®?    Yes    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

<b>Name:</b>	
<b>Relationship to Participant:</b>	
<b>Daytime Phone Number:</b>	
<b>Evening Phone Number:</b>	
<b>Email:</b>	

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

January	<input type="checkbox"/> Saturday, January 11 <input type="checkbox"/> Saturday, January 18 <input type="checkbox"/> Saturday, January 25
February	<input type="checkbox"/> Saturday, February 1 <input type="checkbox"/> Saturday, February 8 <input type="checkbox"/> Saturday, February 15 <input type="checkbox"/> Saturday, February 22 <input type="checkbox"/> Saturday, February 29
March	<input type="checkbox"/> Saturday, March 7 <input type="checkbox"/> Saturday, March 14 <input type="checkbox"/> Saturday, March 21 <input type="checkbox"/> Saturday, March 28
April	<input type="checkbox"/> Saturday, April 4 <input type="checkbox"/> Saturday, April 11 <input type="checkbox"/> Saturday, April 18 <input type="checkbox"/> Saturday, April 25
May	<input type="checkbox"/> Saturday, May 2 <input type="checkbox"/> Saturday, May 9 <input type="checkbox"/> Saturday, May 16 <input type="checkbox"/> Saturday, May 23 <input type="checkbox"/> Saturday, May 30
<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](mailto:youth@wocrc.ca) - or -
- Print out and bring to Western Ottawa Community Resource Centre (WOCRC), located at 2 MacNeil Court in Kanata, Ontario