# BGCCVI Intake & Registration Form

Date of Intake: ____________________ Membership Fee: Cash/Cheque/Waived Amount: $_________
Month / Day / Year Please Circle

Staff Member Completing Form:__________________________

## Section 1: Program(s) (Please Check All That Apply)

- □ Child Youth Family Services (CYFS)
- □ Positive Behavioural Support Program (PBS)
- □ South Side Teen Centre
- □ Dragon Boating
- □ Generation Q
- □ Comox Valley Youth Programs
- □ Parents Together (PT)
- □ Parenting Without Power Struggles (PWPS)
- □ Virtual Programming __________________________
- □ Family Place
- □ Purple Girlzillas
- □ Other ________________________________

How did you hear about this/these programs (ie referral, social media, ad, word of mouth, community event etc):
________________________________________________________________________________________

## Section 2: Participant Information

Legal First Name:_______________________________ Legal Last Name:_______________________________
Preferred Name(s):_____________________________ Date of Birth: _______________________________
Month / Day / Year

Indigenous: □ YES □ NO Cultural Background: ________________________________
Gender: __________________________ Current School & Grade:________________________________
Address: ______________________________________________________________________________
______________________________________________________________________________

Preferred Phone#: ________________________________ Is it safe to leave a message at this number? □ YES □ NO
Phone #2 ________________________________Is it safe to leave a message at this number? □ YES □ NO
Email: _______________________________________
I would like to receive agency updates and news from BGCCVI □ YES □ NO

Referring Individual ____________________________________________________ □ Not Applicable
Name Phone Number

## Section 3: Emergency Contact & Medical Summary

Emergency Contact #1 _________________________________________________________________
Name Phone Number Address
Emergency Contact #2 _________________________________________________________________
Name Phone Number Address
Care Card Number ________________________________
Allergies □ YES □ NO (If YES please list all allergies below and note if they carry an EpiPen or any other medication)
_________________________________________________________________
_________________________________________________________________



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Boys & Girls Clubs
of Central Vancouver Island

Are all your/your child/youth's immunizations up to date? ◻ YES ◻ NO

Doctor/Pediatrician ____________________________________________

Name Phone Number

Are there any mental or physical health issues/conditions, past or present, with program participant and/or their family members (as applicable) that may impact the ability to participate in services? ◻ YES ◻ NO
If YES, please describe:

Do you require any special accommodations? (Please describe)

Diagnosis: (Please list all)

Medications: (Please list all prescription and nonprescription medication)

| Medication | Current/Historical | Efficacy (√ or X) | Side Effects |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Section 4: Family Information

Are there any custody/access concerns? ◻ YES ◻ NO (If so please provide details including safe pick up/drop off individuals)

____________________________________________

____________________________________________

____________________________________________

Parent/Guardian/Caregiver: ____________________ Resides with Participant ◻ YES ◻ NO
Address: ____________________________________________
Phone #1: ____________________ Is it safe to leave a message at this number? ◻ YES ◻ NO
Phone #2: ____________________ Is it safe to leave a message at this number? ◻ YES ◻ NO

____________________ ____________________
Printed Name Participant Signature (or parent/guardian if under 19)

***By signing, I authorize an ambulance to be called for myself or my child in case of emergency***



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