



**Boys & Girls Clubs
of Hamilton**
A good place to be



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ABACUS Program

REGISTRATION PROCEDURES & GUIDELINES

This program is supported by an ABACUS grant from Hamilton Community Foundation. ABACUS aims to increase post-secondary access by focusing on children in the middle-school years.

- Forms must be handed in prior to attending the program
- Must be in grades 6, 7 or 8 at Queen Mary Elementary School or Holy Name of Jesus Catholic Elementary School to attend the program
- Registration form must be completely filled out and legible
- Program Supervisor will contact after paperwork is received
- If there is not space in the program, youth will be placed on a waitlist

Contact Heather Steeves, Education and Youth Supervisor, with any questions (heather@kboysandgirlsclub.com)

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ AGE: _____ MEMBERSHIP # _____

ADDRESS: _____ POSTAL CODE: _____

PHONE #: _____ BIRTHDAY: _____ GENDER: M _____ F _____

SPECIAL INFORMATION (Allergies, Medication, Restricted Activities, Behavioural, etc.)

SCHOOL: _____ GRADE: _____

What was your most recent, overall school average (estimate): _____

What would you like your overall school average to be next year: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____ EMAIL: _____

What is the highest level of schooling completed by parent/guardian? (please select one box)

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> College Diploma/Trade Certificate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> University Degree |
| <input type="checkbox"/> Some Post-Secondary | |



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PARENT/GUARDIAN #2: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____ EMAIL: _____

What is the highest level of schooling completed by parent/guardian? (please select one box)

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> College Diploma/Trade Certificate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> University Degree |
| <input type="checkbox"/> Some Post-Secondary | |

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____

PERMISSIONS

I _____ hereby give permission for photographs and video to be taken of my child/ren to be used for the Boys and Girls Club website/program brochure/e-newsletter/social media/advertising and other promotional material for Boys and Girls Clubs of Hamilton.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I _____ hereby give permission for my child to attend weekly trips and understand they will be using public transportation, school bus or walking to each destination.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

The undersigned acknowledges he/she shall not hold the Hamilton East Kiwanis Boys and Girls Club Inc. responsible or liable for any loss, damage or injury to their children. He/she agrees to assume all risk inherent in the program and its component activities and saving in the event of gross negligence, shall release and hold the Hamilton East Kiwanis Boys and Girls Club Inc. its officers or agents harmless from any and all liability and claims he/she may have as a result of their child's participation or involvement, such to be binding not only upon him/herself, but also my child's heirs, executors, administrators and successors.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____