

WBC CHILD & YOUTH INFORMATION SHEET



The information on this document will be kept confidential and will not be used for any other means than to help ensure a safe environment for your child. Please use the back of the form if you require additional space

FULL NAME: _____

DATE OF BIRTH: _____

PARENTS/GUARDIANS NAME: _____

CIVIC ADDRESS: _____

MAILING ADDRESS (if different from above) : _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE : _____ EMAIL : _____

HEALTH CARD #: _____

HEALTH CONCERNS (Food allergies, etc.): _____

It is important that we be given any special instructions regarding the pick-up of your child(ren) for any youth event. Please provide us with the names of those individuals who you have given permission to leave with your child.

- 1)
- 2)
- 3)

In the event of an emergency, please provide the name of a person(s) we can contact, if we cannot get in touch with you immediately.

Name: _____ Telephone#: _____

Name: _____ Telephone#: _____

Please use this space to outline any other details that you feel we should be aware of regarding your child(ren):