



**Parent Inquiry**

**Boys and Girls Club of Edson & District**

Parent/Guardian 1) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Other) \_\_\_\_\_

Parent/Guardian 2) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Other) \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_

Other #: \_\_\_\_\_

Place of Employment: 1) \_\_\_\_\_

Phone # \_\_\_\_\_

2) \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Child(ren) that will be attending the Boys and Girls Club:

1. Name: \_\_\_\_\_

D.O.B \_\_\_\_\_

Allergies/medication: \_\_\_\_\_

2. Name: \_\_\_\_\_

D.O.B \_\_\_\_\_

Allergies/medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date