

For office use only:

New

Renew

Summer

Preschool

Subsidy

Date Purchased:

Receipt: #

Amount Pd:

Membership type (member/non-member/staff/board/volunteer):



**St. Albert Family
Resource Centre**

GROWING STRONG TOGETHER

Membership Form 2018/2019

First Parent

Last Name _____

First Name _____

Address (Street) _____ (City) _____ (Postal Code) _____

Phone (Primary) _____ (Secondary) _____

Email* _____ Relationship to Child: _____

Occupation** _____

(*for the purpose of programming, upcoming events and fundraising opportunities)

(**if currently a stay at home parent, please list previous occupation, skills, and/or education)

Please check if you do not wish to be put on our mailing list:

Second Parent

Last Name _____

First Name _____

Address (Street) _____ (City) _____ (Postal Code) _____

Phone (Primary) _____ (Secondary) _____

Email* _____ Relationship to Child: _____

Occupation** _____

(*for the purpose of programming, upcoming events and fundraising opportunities)

(**if currently a stay at home parent, please list previous occupation, skills, and/or education)

Please check if you do not wish to be put on our mailing list:

Children's Information

1st Child: Last Name _____

First Name _____

Date of Birth _____

2nd Child: Last Name _____

First Name _____

Date of Birth _____

3rd Child: Last Name _____

First Name _____

Date of Birth _____

Children's Information (continued)

4th Child: Last Name _____ First Name _____
Date of Birth _____

Children's Health and Emergency Information
(MUST BE SOMEONE OTHER THEN PARENTS/PRIMARY CAREGIVERS)

Emergency Contact # 1

Name: _____ Relation to Child: _____
Phone (Primary) _____ (Secondary) _____

Emergency Contact # 2

Name: _____ Relation to Child: _____
Phone (Primary) _____ (Secondary) _____

Other*

(*ie. Grandparents; nanny; family members that may attend programs with child...)

Name: _____ Relation to Child: _____
Phone (Primary) _____ (Secondary) _____

Medical Information

Child's Name: _____

Health Information: (that may be relevant to program participation)

Child's Name: _____

Health Information: (that may be relevant to program participation)

Membership Options

Annual Family Membership September 1st - August 31st \$60.00
Summer Family Membership May 1st - August 31st \$20.00

Volunteering

We have volunteer opportunities available. Are you interested in volunteering? (please check if yes)

Programming Board/Committee Fundraising