



Boys & Girls Clubs
of the Okanagan

ESSENTIAL SERVICE WORKER CHILD CARE APPLICATION – Full Care

Boys and Girls Clubs of the Okanagan will remain open and offer services only to essential service worker (ESW) as long as we are able. The definition of what constitutes an essential service varies between sectors; generally recognized are services critical to preserving life, health and basic societal functioning (preserving life, critical infrastructure, such as municipalities, utilities, banks and construction, and critical goods supplies, such as food and medicine).

*** NOTE: PARENTS MUST SUBMIT ONE APPLICATION PER CHILD – PLEASE PRINT**

PROGRAM: ESSENTIAL SERVICE WORKER FULL CARE

ESSENTIAL SERVICE PROFESSION: **EMPLOYER:**

MEMBER: NEW EXISTING **CLUB NAME?** **ACCT #:**

PARENT/GUARDIAN INFORMATION:

First Name: Last Name:

Home: Cell: Work:

Email:

CHILD INFORMATION:

First Name: Legal Last Name:

Name of School: Current Grade:

Does your child have a medically diagnosed condition that requires additional support?

No Yes **If yes, please explain below:**

Has an application been submitted for a sibling in another Daycare or Full Care Program? No Yes

If yes, please provide program and name of sibling:

INITIAL HERE

ALL MEMBERS: I UNDERSTAND THAT PAYMENT WILL BE CHARGED **ON THE IMMEDIATE FRIDAY** FOLLOWING REGISTRATION EITHER TO MY CREDIT CARD OR DEBITED TO MY BANK ACCOUNT BY THE BILLING DEPARTMENT AS A PRE-AUTHORIZED PAYMENT FOR THE **TOTAL COST** OF ALL MAY FEES.

MAY 2020

	Weekly Fee	Select <input checked="" type="checkbox"/>	Total Fee
Week 1 (May 4-8)	\$190	<input type="checkbox"/>	\$
Week 2 (May 11-15)	\$190	<input type="checkbox"/>	\$
Week 3 (May 18-22) – Closed May 18	\$152	<input type="checkbox"/>	\$
Week 4 (May 25-29)	\$190	<input type="checkbox"/>	\$

Total May Fees: \$

Parent Signature: _____ **Date:** (MM/DD/YYYY) _____

Staff Signature: _____ **Date:** (MM/DD/YYYY) _____

For Billing Use Only								SRF: 02/25/2020	
Spreadsheet:		Invoice:		Payment:		ACCB:		CCFR:	