



Boys & Girls Clubs  
of the Okanagan

## MEMBER BILLING FORM

Lavington Preschool 3 year-olds Tu/Th AM

Please email your completed form to: [earlyyearsnorth@bgco.ca](mailto:earlyyearsnorth@bgco.ca)

MEMBER: ☐ New ☐ Existing

Acct #:

LOCATION:

PROGRAM:

### ACCOUNT HOLDER(S) / PARENT(S) INFORMATION:

First Name:  Last Name:

First Name:  Last Name:

Address:

City:  Province:  Postal Code:

Home: (  )  Cell: (  )  Work: (  )

Email:

### MEMBER INFORMATION

First Name:  Legal Last Name:

Birth Date:

SERVICE START DATE:   
(MM/DD/YYYY)insert

Lavington Preschool 3 year-olds Tu/Th AM – February - June 2021

Preschool - \$122.00/Month	Tuesday & Thursdays – 9:00-11:30AM	✓
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☐

Membership Waived

PRE-AUTH: ☐ Pre-Authorized Credit Card ☐ Pre-Authorized Debit Card

TO COMPLETE METHOD OF PAYMENT, FILL OUT AND SIGN THE ATTACHED PAYMENT FORM. FOR PRE-AUTHORIZED DEBIT YOU MUST INCLUDE A VOIDED CHEQUE MARKED "VOID" OR A BANK FORM.

### AFFORDABLE CHILD CARE BENEFIT (ACCB):

It is your responsibility to provide Boys and Girls Clubs of the Okanagan with your approved Ministry Benefit Plan. If we do not receive this directly from you then you will be responsible for the full fee without government subsidy. Please attach your approved Benefit Plan.

Parent Signature: \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

Club Signature: \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

For Billing Use Only									
Acct #:		Spreadsheet		Inv oic e		Payment		Reoccurring	



Boys & Girls Clubs  
of the Okanagan

### Membership Check List

Please make sure to submit the completed application package along with the following information to your club prior to your child's start date.

All member registrations must include the following:

- ☐ A photo of your child – can be emailed to [earlyyearsnorth@bgco.ca](mailto:earlyyearsnorth@bgco.ca) Please provide child's first and last name in the subject line).
- ☐ Your child's immunization records or conscientious objector form (if your child has not been immunized or their records are not up to date, a conscientious objector form must be filled out).
- ☐ Pay or renew your child's \$10.00 membership fee (memberships are due annually – will be included with your first months fees).
- ☐ Your child's health care number (space is provided in the membership package).
- ☐ An emergency contact other than the parents (included in the membership forms).
- ☐ A family password has been provided.

**If you are registering your child for licensed care (After school care, Daycare or Preschool), the following must also be included:**

- ☐ A completed Member Billing Form.
- ☐ A completed Service Agreement.
- ☐ Payment Form - A void cheque or credit card information for pre-authorized payments.

**Subsidy:** If you are applying for subsidy, please note that it is the sole responsibility of the parent to ensure that all required forms are filled out and submitted to subsidy. Subsidy packages are available upon request.

Thank you,

Boys and Girls Clubs of the Okanagan – Lavington Preschool



Office Use Only:

Membership Fee ☐ Yes ☐ No

Transportation Required: ☐ Yes ☐ No

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

Initial Program Registered\*\* \_\_\_\_\_ Start Date: \_\_\_\_\_

**\*\*If you have participated in other Okanagan Boys and Girls Club programs, please check with the Club before filling out this form.**

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

## Member Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Names: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Allergies? \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other

Photo or Digital Image\*? ☐ Yes ☐ No **\*Digital photo of child must accompany this registration form.**

## Primary Contact: (Parent or Legal Guardian)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Please check best number to reach the person: ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

Family Password\*: \_\_\_\_\_

*\*Note: In order to arrange alternate pick-up the parent/guardian must confirm their family password over the phone to ensure the designated individual is contacting the club to make alternate arrangements.*

Authorized Pickup? ☐ Yes ☐ No

Emergency Contact? ☐ Yes ☐ No

Relationship to member: *(Please check all that apply)*

- ☐ Lives With ☐ Father ☐ Mother ☐ Shared Custody ☐ Step-parent  
☐ Foster Parent ☐ Guardian ☐ Sibling ☐ Grandparent ☐ Social Worker  
☐ Other: \_\_\_\_\_

Is there a Custody Order in involved? ☐ Yes ☐ No (If yes, custody order MUST be attached.)

## 2nd Contact: (Parent or Legal Guardian)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Place of Employment : \_\_\_\_\_

Please check best number to reach the person: ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

Authorized Pickup? ☐ Yes ☐ No

Emergency Contact? ☐ Yes ☐ No

Relationship to member: *(Please check all that apply)*

- ☐ Lives With ☐ Father ☐ Mother ☐ Shared Custody ☐ Step-parent  
☐ Foster Parent ☐ Guardian ☐ Sibling ☐ Grandparent ☐ Social Worker  
☐ Other: \_\_\_\_\_

Is there a Custody Order in involved? ☐ Yes ☐ No (If yes, custody order MUST be attached.)

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## Additional Contact: (\*Please ensure that at least one emergency contact is not a parent or legal guardian).

Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Please check best number to reach the person: ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

City: \_\_\_\_\_ Province \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Authorized Pickup? ☐ Yes ☐ No

Emergency Contact? ☐ Yes ☐ No

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## Additional Contact: (Other than parent or legal guardian)

Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Please check best number to reach the person: ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

City: \_\_\_\_\_ Province \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Authorized Pickup? ☐ Yes ☐ No

Emergency Contact? ☐ Yes ☐ No

Primary Language Spoken: \_\_\_\_\_ Other Languages spoken: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Indigenous People (Please note ancestry): \_\_\_\_\_

Indigenous People – Please provide information on names/bands, nations and location/province?

Are you a new Canadian? ☐ Yes ☐ No      Refugee? ☐ Yes ☐ No      Military Family? ☐ Yes ☐ No

Combined Family Income: ☐ Undisclosed    ☐ \$0.00 to \$5,000    ☐ \$5,000 to \$25,000    ☐ \$25,000 to \$55,000  
☐ \$50,000 to \$75,000    ☐ \$75,000 to \$100,000    ☐ \$100,001 and up

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Card # (MANDATORY): \_\_\_\_\_ Province: \_\_\_\_\_

Are there any special instructions respecting the child's diet, medication, participation in a program or activities, or other matter relevant to the child's care? \_\_\_\_\_

Does the member have an illness or medical disability? ☐ Yes ☐ No

If yes, please list the medically diagnosed condition (Care Plan required): \_\_\_\_\_

Is additional support required? (Care Plan may be required) ☐ Yes ☐ No

Immunization Status (MANDATORY): ☐ Complete    ☐ Incomplete\*    ☐ Not Immunized\*

If "Complete", is a copy of the records attached to membership? ☐ Yes ☐ No

*\*NOTE: If the child's immunization records are incomplete, or if child is not immunized, in the event of a disease outbreak, the Ministry of Health may require child to remain absent from Okanagan Boys and Girls Clubs' programs.*

Swimming ability: ☐ Strong Swimmer    ☐ Capable Swimmer    ☐ Weak Swimmer    ☐ Non Swimmer

Comments: \_\_\_\_\_

## Alerts:

Date of alert (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual Member's Name: \_\_\_\_\_

Alert Type: ☐ Allergy

- ☐ Domestic (include name of any person NOT permitted access to the child i.e. unauthorized pick-ups)
- ☐ Medication (please list all current medications along with the prescribing physician below)
- ☐ Birthmarks or distinguishing marks
- ☐ Notable (example: Physical Marks /Scars, Fears, Concerns)

Alert Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authorization, Consents, and Waivers (Please sign or initial in each applicable area)

### • Video, Photographs and Social Media \_\_\_\_\_

There may be times when television, newspapers, or other photographers will want to take individual or group pictures of our members taking part in activities. This would most often be done to promote Boys and Girls Clubs and our programs through but not limited to print material, media and social media. Should you not want your child to be involved in such coverage please address this in writing to the Program Coordinator or Program Supervisor.

### • Parent/guardian/member authorizes member to participate in surveys for program evaluation. \_\_\_\_\_

### • Medical Emergency \_\_\_\_\_

In case of accident or illness, I authorize the caregiver to administer first aid and/or to be taken to the nearest emergency centre by the Boys and Girls Club Staff when I cannot be contacted. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.

### • Parent/guardian gives consent for member to take part in out-trips. \_\_\_\_\_

### • Parent/guardian gives permission for member to have in/out privileges, including walking home alone. \_\_\_\_\_ (Applicable to Recreation Programs Only—Please note that an additional letter may be requested)

### • Impairment \_\_\_\_\_

Should it appear to staff that a parent/caregiver is impaired the staff will offer to call a relative or friend to pick up the parent/ caregiver and child. If this is not acceptable they will offer to call a cab. Should the parent / caregiver insist on driving the staff will call the RCMP. A call will also be made to the Ministry for Children & Families to inform them of the risk to the child.

### • Suspected Child Abuse \_\_\_\_\_

The Child, Family and Community Service Act states that all children in the Province of B.C. "are entitled to be protected from abuse, neglect and harm or threat of harm". The act also states that any "person who has reason to believe that a child needs protection must promptly report the matter". I understand that Boys and Girls Club employees will adhere to the Act.

• **Emergency Procedure in the event of evacuation** \_\_\_\_\_

In the event of an emergency that required evacuation of the Centre or the neighborhood, I am aware that my child would be at the designated location stated in the Parent Handbook given to me as a part of my registration package.

• **Late Pick-ups** \_\_\_\_\_

If staff is unable to contact myself or emergency contact 45 minutes after program ending, I understand that the Ministry for Children & Families will be called.

• **Discipline Policy** \_\_\_\_\_

The Okanagan Boys and Girls Club expectations of our members are: Respect yourself, Respect others and Respect our environment, equipment, Clubs and grounds. In the event a child is acting in an inappropriate manner, staff and volunteers will firstly observe the behaviour, and then set clear limits and appropriate specific consequences for the child. Continued inappropriate behaviour will be discussed with parents, with the expectation that staff and parents will work together to resolve the behaviour. While staff support and encourage appropriate behaviour, should the behaviour continue to be disruptive or harmful, we may ask that the child be removed from the program for a period of time or permanently.

• **Parent/Guardian, and/or member is aware that member information is shared across the organization.** \_\_\_\_\_

• **Parent/Guardian Consent** \_\_\_\_\_

I hereby, acknowledge that I am aware of the risks involved in and arising out of participation in activities offered. I there- fore waive, release, forgo against the Boys and Girls Club, its members, organizers, sponsors, officers, supervisors, directors, employees, agents, workmen and any person(s) participating or assisting in the carrying out of the activities of the organization. I hereby agree to hold and save harmless the Boys and Girls Club for any claims, demands, suits, actions and/or causes of actions resulting form, or resulting out of, or occasioned by my child's participation in any or all of the activities of the Boys and Girls Club.

• **Parent Handbook** \_\_\_\_\_

I/We have received and read the Policies and Procedures of the Okanagan Boys and Girls Clubs as outlined in the Parent Hand Book issued to me upon registration with the Okanagan Boys and Girls Clubs.

How did you hear about us? \_\_\_\_\_

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

Parent /Legal Guardian Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Office Use Only— End Date** (Date on which child stops attending): \_\_\_\_\_

**SERVICE AGREEMENT****PRESCHOOL (LAVINGTON)**

Program: \_\_\_\_\_

Child: \_\_\_\_\_ Parent: \_\_\_\_\_

The following schedule and fees have been accepted:

Program:	Mon	Tue	Wed	Thur	Fri
2-days per week (2 ½ hrs)	N/A		N/A		N/A
3-days per week ( 2 ½ hrs)		N/A		N/A	

**Fees:**

	<b>5 equal monthly payments</b>
2-days per week	\$ 122.00 per month x 5 months (Feb to Jun)
3-days per week	\$ 177.00 per month x 5 months (Feb to Jun)

The following outlines the agreement of service and payment between the Okanagan Boys and Girls Clubs (OBGC) and the Parents'/Guardians':

**SCHEDULE**

These spaces are guaranteed and reserved for your child and are effective from today's date until June 25, 2021

**\*\*All changes to the above schedule must be processed on the appropriate forms, signed by the parent and Club Staff, and received by OBGC by the required dates.**

**CHANGES TO SCHEDULES****Permanent Schedule Change – Reduction and Notice Period**

If you wish to permanently reduce your child's schedule, you must communicate with the Program Coordinator who will help you fill out the appropriate form.

If your form is signed and **received** by the 14<sup>th</sup> day of the current month, then the effective date of change will be the 1st of the next billing month. For example, if your form is received by September 14<sup>th</sup>, your schedule and invoice will be reduced by October 1st.

If your form is received after the 14<sup>th</sup> of the month, the effective date of change will be the 1st of the month following the next month. For example, if your form is received by October 18<sup>th</sup>, your schedule and invoice will be reduced by December 1st.



## **Preschool**

### **Permanent Schedule Change – Addition**

Depending on space, parents may be able to permanently increase their schedule at any time. If Parents would like to permanently increase their schedule, you must communicate with the Program Coordinator who will help you fill out the appropriate form. Parents may be required to pay for increases to schedule immediately.

### **Temporary Reduction of Schedule**

OBGC does not accept requests for temporary reduction of schedules (ex: sick days, days off and/or vacations). OBGC's commitment to Parents is that we will guarantee a space for your child(ren); therefore, parents are responsible to pay for all service booked and reserved for them.

### **Program Withdrawal and Notice Period**

If you no longer require care, contact your Program Coordinator who will help you fill out the appropriate form. Notice to withdraw from services must be received by the 14th of the month to be effective by the 1st of the next month. (Example: To end services on October 1st, notice must be received by September 14th). If Notice is given after the 14th when invoices are produced, then you are responsible to pay for the month billed. (Example: If we receive notice on September 16th, you will be billed for October and services will end on November 1st)

### **INVOICES**

Invoices for permanent scheduled service will be prepared and emailed to Parents on the 15th of each month. If the 15th falls on a Saturday or Sunday, the invoice will be emailed to Parents on the Monday following the weekend.

### **PAYMENT**

Payment of fees must be made by pre-authorized credit card or pre-authorized debit. Pre-authorized payments will be processed on the 25th of the current month for next month's services. If the 25th falls on a Saturday or Sunday, payment will be processed on the Friday before the weekend. If your PAD payment is returned NSF on more than two occasions, your payment date will be moved forward, without further notice, to the 20<sup>th</sup> of the month rather than the 25<sup>th</sup>.

### **REFUNDS**

If OBGC is unable to provide child care services for reasons beyond our control for any length of time, you will be entitled to receive a refund of your prepaid fee pro-rated to the period of time we were unable to provide service.

### **AFFORDABLE CHILD CARE BENEFIT ("ACCB")**

An ACCB Plan, issued by the Ministry, must be received by OBGC Billing Department before an ACCB credit will be applied to your account; an application for ACCB is not considered payment. If ACCB approval is not received by the time your bill must be paid, you are responsible to pay the full amount of your bill. If you receive your ACCB Plan approval, we recommend you contact Billing to make sure they are aware of the Plan. The Child Care Arrangement Form, which is required as part of the ACCB application, is available from your Club upon your request.

### **EXTENUATING CIRCUMSTANCES**

If you are experiencing extenuating circumstances which cause you difficulty meeting our payment and billing policies, you must contact your Program Manager. Payment plans and sponsorships may be available to help in the short term.

## Preschool

### OVERDUE ACCOUNTS

If a Parents' account is not paid by the 25th of the month, OBGC Billing Department will begin collection process. A Parent will be contacted via email advising them that the account is past due. Parents must contact the Billing Department or Club to arrange when and how they will be paying their bill. If payment is not made before the 1st of the month, a Program Manager will be notified and a decision will be made whether to terminate service for that month.

### COLLECTIONS

If, after 60 days payment has still not been received, OBGC will begin the process to send the Parents' account to a collection agency.

**By signing this document, I acknowledge that I have read and accept the terms of this Service Agreement and have received a copy.**

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Parents Signature

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Date

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Staff Signature

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Date