

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 PhoneAuthorized Pickup? Yes NoEmergency Contact? Yes NoRelationship 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.)

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 NoEmergency Contact? Yes No

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 NoEmergency Contact? Yes No

Primary Language Spoken: _____ Other Languages spoken: _____

Ethnic Origin: _____ Indigenous People (Please note ancestry): _____
(MANDATORY)

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): _____



SUMMER FULL DAY PROGRAM APPLICATION

Upon receiving approval of application, this becomes your invoice for Summer Care – no other invoice will be issued or sent to you.

***Important – We cannot accept paper applications dropped off to our centers.**

This is a fillable form. Please save this form to your computer, then type directly into the form.

Please email this form as part of your application package to: vernon@bgco.ca

***NOTE: Please submit one application per child.**

SUMMER CLUB: Armstrong Club – 3459 Pleasant Valley Rd, Armstrong – Hours 8AM-5PM

MEMBER: New Existing **Home Loc/Pgm:** **Acct #:**

PARENT/GUARDIAN INFORMATION:

First Name: Last Name:

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

Email:

CHILD INFORMATION:

First Name: Legal Last Name:

FEE: \$38/day - 8AM-5PM

June 2021 Grade:

Week Of: (Add an 'X' to select)	2-days Tu/Th	3-days M/W/F	5-days M-F	Total Fees
Week 1 (Jul 5 to Jul 9)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Week 2 (Jul 12 to Jul 16)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Week 3 (Jul 19 to Jul 23)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Week 4 (Jul 26 to Jul 30)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Total July Fees:				\$ _____
Week Of: (Add an 'X' to select)	2-days Tu/Th	3-days M/W/F	5-days M-F	Total Fees
Week 5 (Aug 3 to Aug 6) – AUG 2 STAT	\$76 _____	\$76 _____	\$152 _____	\$ _____
Week 6 (Aug 9 to Aug 13)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Week 7 (Aug 16 to Aug 20)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Week 8 (Aug 23 to Aug 27)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Week 9 (Aug 30 to Sept 3)	\$76 _____	\$114 _____	\$190 _____	\$ _____
Total August Fees:				\$ _____
<i>Membership Waived (Admin Use Only) _____</i>			Membership Fee:	\$ _____
NON-REFUNDABLE			GRAND TOTAL:	\$ _____

INITIALS: _____

I AM AUTHORIZING THE FOLLOWING:

MEMBERS: I UNDERSTAND FEES WILL BE PROCESSED EITHER TO MY CREDIT CARD OR DEBITED TO MY BANK ACCOUNT BY THE BILLING DEPARTMENT AS A PRE-AUTHORIZED PAYMENT AS FOLLOWS:

- FOR JULY REGISTRATIONS RECEIVED PRIOR TO JUNE 23RD, FEES PROCESSED ON JUNE 25TH.
- FOR JULY REGISTRATIONS RECEIVED AFTER JUNE 23RD, FEES PROCESSED **ON THE IMMEDIATE FRIDAY** FOLLOWING CONFIRMATION OF REG'N.
- FOR AUGUST REGISTRATIONS RECEIVED PRIOR TO JULY 21ST, FEES PROCESSED ON JULY 23RD.
- FOR AUGUST REGISTRATIONS RECEIVED AFTER JULY 21ST, FEES PROCESSED **ON THE IMMEDIATE FRIDAY** FOLLOWING CONFIRMATION OF REG'N.

AFFORDABLE CHILD CARE BENEFIT:

MY APPROVED MINISTRY-ISSUED BENEFIT PLAN WITH SUMMER CARE IS **ATTACHED TO THIS REGISTRATION** AND WILL BE APPLIED PRIOR TO PAYMENT.

I UNDERSTAND IF MY APPROVED MINISTRY-ISSUED BENEFIT PLAN IS **NOT ATTACHED** TO THIS REGISTRATION THAT I AM RESPONSIBLE TO PAY THE FULL FEES AS INDICATED ON THIS APPLICATION FORM.

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

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

For Billing Use Only						SFDA: May 2021	
Spreadsheet:		Invoice:		Payment:		ACCB:	
						CCFR:	

