

Office Use Only:	Membership Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.)

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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  NoEmergency 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  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 therefore 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 from, 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: [lakecountry@bgco.ca](mailto:lakecountry@bgco.ca)

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

**SUMMER CLUB:** Lake Country Club – 3130 Berry Rd – Hours 8AM-5PM \* plus extended hours on same day

**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: \$43/day - 8AM-5PM \* Optional extended hours 7:30-8am & 5-5:30pm @ \$5/day June 2021 Grade:

Week Of: <i>(Add an 'X' to select)</i>	2-days Tu/Th	3-days M/W/F	5-days M-F	* Ext Hours	Total Fees
Week 1 (Jul 5 to Jul 9)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 2 (Jul 12 to Jul 16)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 3 (Jul 19 to Jul 23)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 4 (Jul 26 to Jul 30)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
<b>Total July Fees:</b>					\$
Week Of: <i>(Add an 'X' to select)</i>	2-days Tu/Th	3-days M/W/F	5-days M-F	* Ext Hours	Total Fees
Week 5 (Aug 3 to Aug 6) – <b>AUG 2 STAT</b>	\$86 <input type="text"/>	\$86 <input type="text"/>	\$172 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 6 (Aug 9 to Aug 13)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 7 (Aug 16 to Aug 20)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 8 (Aug 23 to Aug 27)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
Week 9 (Aug 30 to Sept 3)	\$86 <input type="text"/>	\$129 <input type="text"/>	\$215 <input type="text"/>	*\$5/day <input type="text"/>	\$
<b>Total August Fees:</b>					\$
<i>Membership Waived (Admin Use Only)</i> <input type="text"/>					<b>Membership Fee:</b> \$
<b>NON-REFUNDABLE</b>				<b>GRAND TOTAL: \$</b>	

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

