



Membership Information - Checklist

We are so excited that you want to become a member of BGC Okanagan! Please see the information below for details of what is included in a BGCO membership and for requirements to become a member.

What does it mean to have a BGC Okanagan membership?

Memberships to BGC Okanagan are \$10 per year, per child, and membership means that you and your child will have access to all of our many programs and services that we offer across the Okanagan valley both in person and virtually!

How do I become a member?

Becoming a member is easy! Please see below for all you need to know about becoming a member.

All new and renewing program applications and registrations must be accompanied by the following:

- ❑ **Child Member Information Form** – this can be found on our website or may be attached directly to a program application or registration form. All of our forms are electronic and all fields must be completed prior to submission.
- ❑ **A digital photo of your child** – this is used to identify the member, so we ask that photos are taken from the shoulders up with no obstructions of the face/head. Important: Please ensure to include your child's first and last name in the photo file name and in the subject line of your email submission. If you have more than one child, please submit separate photos for each child.
- ❑ **Child's immunizations** – indicated on page 3 of the Child Member Information Form. If your child is immunized, records must be included in your email submission.
- ❑ **BGC Okanagan Payment Form** – all payments for programs and membership fees are processed using pre-authorized payment.
 - **Recreation Program Payments** – pre-auth credit card only. Credit card information is not stored and therefore we require you to provide this form whenever you register your child for a new recreation program.
 - **Licensed Program Payments (after school care, daycare, preschool, full day break programs)** – pre-auth credit card or pre-auth debit from your bank. Information is collected once for the term of your Service Agreement and is resubmitted when a new Service Agreement term occurs.
- ❑ **Membership fee** – Pay or renew your child's \$10.00 annual membership fee. Fee will be charged according to the methods above.
- ❑ **Your child's health care number (MSP)** – indicated on page 3 of the Child Member Information Form.
- ❑ **An additional emergency contact** – indicated on page 2 of the Child Member Information Form. This should be a contact in addition to the child's parents/guardians.
- ❑ **A family password** – indicated on page 1 of the Child Member Information Form. If reporting a child to be absent from program or if authorizing a pick-up person over the phone, then the family password is required to confirm identity.

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

- **A completed Service Agreement** – outlines the terms of service for the licensed care programs.
- **Affordable Child Care Benefit (ACCB) approval** – ACCB is a government subsidy program that parents/guardians can apply for, which if approved, can be applied to licensed child care fees. For any questions pertaining to ACCB, please visit the Ministry website at:

<https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care-funding/child-care-benefit/apply>

Reminder: Memberships must be renewed annually by completing and submitting all the information outlined above, along with paying the \$10 membership fee.

BGC Okanagan welcomes you!

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.)

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): _____

 bgc Okanagan	2021-2022 SERVICE AGREEMENT
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DAYCARE - VERNON

Program: _____

Child: _____ Parent: _____

The following schedule and fees have been accepted:

Program	Mon	Tue	Wed	Thur	Fri
Daycare 3-5					

Fees

	3 – 5
5 days per week	\$ 935.00 per month
3 days per week	\$ 688.00 per month
2 days per week	\$ 510.00 per month

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

FEES

Program fees are subject to annual increases, however, parent/guardians will be notified in advance of any such increases.

SCHEDULE

These spaces are guaranteed and reserved for your child. We are closed on all Statutory Holidays.

****All changes to the above schedule must be processed on the appropriate forms, signed by the parent and Club Staff, and received by BGCO 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 Manager who will help you fill out the appropriate form.

If your form is signed and **received** by the 14th 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 14th, your schedule and invoice will be reduced by October 1st.

Daycare (Vernon)

If your form is received after the 14th 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 18th, your schedule and invoice will be reduced by December 1st.

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 Manager who will help you fill out the appropriate form. Parents may be required to pay for increases to schedule immediately.

Temporary Reduction of Schedule

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

Program Withdrawal and Notice Period

If you no longer require care, contact your Program Manager 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. For 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. For 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 may be moved forward, without further notice, to the 20th of the month rather than the 25th.

REFUNDS

If BGCO 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 the BGCO 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 the BGCO Billing Department to make sure they are aware of the Benefit Plan. The Child Care Arrangement Form, which is required as part of the ACCB application, is available from your Club upon your request.

CHILD CARE FEE REDUCTION INITIATIVE

The Government initiative may be available to you based on the age of your child and enrollment.

Daycare (Vernon)

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.

OVERDUE ACCOUNTS

If a Parents' account is not paid by the 25th of the month, the BGCO Billing Department will begin the collection process. A Parent will be contacted by email advising them that the account is past due and will be provided the date when payment will be re-attempted. If payment is not made parents must contact the Program Manager to arrange when 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, BGCO 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.

Parents Signature

Date

Staff Signature

Date