



# 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 – 9830-B Bottom Wood Lake Rd – Hours 8:00AM-5:30PM

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

**PARENT/GUARDIAN INFORMATION:**

First Name:    Last Name:

Phone:    Email Address:

Street Address:    City:    Postal Code:

**CHILD INFORMATION:**

First Name:    Legal Last Name:

**FEE: \$44.00/day – 8:00AM-5:30PM**

**June 2022 Grade:**

Week Of: (Add an 'X' to select day(s))	Mon	Tues	Wed	Thurs	Fri	Total Fees
Week 1 (Jul 4 to Jul 8)	4 <sup>th</sup> _____	5 <sup>th</sup> _____	6 <sup>th</sup> _____	7 <sup>th</sup> _____	8 <sup>th</sup> _____	\$ _____
Week 2 (Jul 11 to Jul 15)	11 <sup>th</sup> _____	12 <sup>th</sup> _____	13 <sup>th</sup> _____	14 <sup>th</sup> _____	15 <sup>th</sup> _____	\$ _____
Week 3 (Jul 18 to Jul 22)	18 <sup>th</sup> _____	19 <sup>th</sup> _____	20 <sup>th</sup> _____	21 <sup>st</sup> _____	22 <sup>nd</sup> _____	\$ _____
Week 4 (Jul 25 to Jul 29)	25 <sup>th</sup> _____	26 <sup>th</sup> _____	27 <sup>th</sup> _____	28 <sup>th</sup> _____	29 <sup>th</sup> _____	\$ _____
<b>Total July Fees:</b>						\$ _____
Week Of: (Add an 'X' to select day(s))	Mon	Tues	Wed	Thurs	Fri	Total Fees
Week 5 (Aug 2 to Aug 5) – <b>AUG 1 STAT</b>	STAT	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____	4 <sup>th</sup> _____	5 <sup>th</sup> _____	\$ _____
Week 6 (Aug 8 to Aug 12)	8 <sup>th</sup> _____	9 <sup>th</sup> _____	10 <sup>th</sup> _____	11 <sup>th</sup> _____	12 <sup>th</sup> _____	\$ _____
Week 7 (Aug 15 to Aug 19)	15 <sup>th</sup> _____	16 <sup>th</sup> _____	17 <sup>th</sup> _____	18 <sup>th</sup> _____	19 <sup>th</sup> _____	\$ _____
Week 8 (Aug 22 to Aug 26)	22 <sup>nd</sup> _____	23 <sup>rd</sup> _____	24 <sup>th</sup> _____	25 <sup>th</sup> _____	26 <sup>th</sup> _____	\$ _____
Week 9 (Aug 29 to Sept 2)	29 <sup>th</sup> _____	30 <sup>th</sup> _____	31 <sup>st</sup> _____	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	\$ _____
<b>Total August Fees:</b>						\$ _____
<i>Membership Waived (Admin Use Only) _____</i>						<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 22<sup>ND</sup>, FEES PROCESSED ON JUNE 24<sup>TH</sup>.
- FOR JULY REGISTRATIONS RECEIVED AFTER JUNE 22<sup>ND</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 25<sup>TH</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) \_\_\_\_\_

For Billing Use Only						SFDA: May 2022	
Spreadsheet:		Invoice:		Payment:		ACCB:	
						CCFR:	





## 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!

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