



## Full-Day Summer Day Camp

Hours: 9:00 AM-4:00 PM – (Weekly Extended Hours – 8:00-9:00 AM add-on available)  
 Upon receiving approval of application, this becomes your invoice for Summer Care –  
 no other invoice will be issued or sent to you.

*Please email this application to the Club as part of your application package*

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

**Summer Day Camp Application for:**  
**Summerland Club – 9111 Peach Orchard Rd**  
**Email: south@bgco.ca**

**New Member** \*(see billing note below)

Existing Member - Acct #: \_\_\_\_\_

Child's Grade in June 2023: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

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

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

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**CHILD INFORMATION:**

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

<b>JULY 2023</b> Add an 'X' to select week(s) 9am-4pm	Week 1 July 4-7 \$100.00	Week 2 July 10-14 \$125.00	Week 3 July 17-21 \$125.00	Week 4 July 24-28 \$125.00	Week 5 July 31-Aug 4 \$125.00
If required, please select Extended Care Hours 8-9AM	Week 1 July 4-7 \$40.00	Week 2 July 10-14 \$50.00	Week 3 July 17-21 \$50.00	Week 4 July 24-28 \$50.00	Week 5 July 31-Aug 4 \$50.00
<b>AUGUST 2023</b> Add an 'X' to select week(s) 9am-4pm	Week 1 Aug 8-11 \$100.00	Week 2 Aug 14-18 \$125.00	Week 3 Aug 21-25 \$125.00	Week 4 Aug 28-Sept 1 \$125.00	
If required, please select Extended Care Hours 8-9AM	Week 1 Aug 8-11 \$40.00	Week 2 Aug 14-18 \$50.00	Week 3 Aug 21-25 \$50.00	Week 4 Aug 28-Sept 1 \$50.00	

**\*NEW MEMBERS PLEASE NOTE:**  
 NEW MEMBERS WITHOUT A PREVIOUSLY SET-UP BILLING PLAN ARE REQUIRED TO PAY FOR SUMMER DAY CAMPS IN FULL UPON REGISTRATION.

*Financial (Admin Use Only)*      Membership \$10.00 \_\_\_\_\_  
 July: \_\_\_ days X \$25.00 = \$ \_\_\_\_\_  
 July Extended care: \_\_\_ days x \$10.00=\$ \_\_\_\_\_  
 Aug.: \_\_\_ days X 25.00 = \$ \_\_\_\_\_  
 Aug Extended care: \_\_\_ days x \$10.00=\$ \_\_\_\_\_

**INITIALS**

**I AM AUTHORIZING THE FOLLOWING (NON-REFUNDABLE):**

**CURRENT MEMBERS ONLY:** 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 19<sup>th</sup>, FEES PROCESSED ON JUNE 23<sup>rd</sup>
- FOR JULY REGISTRATIONS RECEIVED AFTER JUNE 19<sup>th</sup>, FEES PROCESSED **ON THE IMMEDIATE FRIDAY** FOLLOWING CONFIRMATION OF REG'N.
- FOR AUGUST REGISTRATIONS RECEIVED PRIOR TO JULY 19<sup>th</sup>, FEES PROCESSED ON JULY 23<sup>rd</sup>.
- FOR AUGUST REGISTRATIONS RECEIVED AFTER JULY 19<sup>th</sup>, FEES PROCESSED **ON THE IMMEDIATE FRIDAY** FOLLOWING CONFIRMATION OF REG'N.

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

For Billing Use Only							SFDA: May 2023		
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!

# CHILD MEMBER INFORMATION FORM

<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
<b>Initial Program:</b> _____	<b>Start Date:</b> _____	

**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.

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

## Member Information:

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

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

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

**Gender:**  Male  Female  Transgender  Other

I have included a Photo or Digital Image\*?  Yes **\*Digital photo of child must accompany this registration form.**

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

*\*Note: 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.*

## Primary Contact: (Parent or Legal Guardian)

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

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**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

### **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: \_\_\_\_\_

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

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

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  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.)**Additional Emergency Contact: (\*At least one emergency contact cannot be 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 PhoneRelationship to Member: \_\_\_\_\_ Authorized Pickup?  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 PhoneRelationship to Member: \_\_\_\_\_ Authorized Pickup?  Yes  No

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

Are you a new Canadian?  Yes  No Ethnic Origin: \_\_\_\_\_

Indigenous People (Please note names/bands/nation): \_\_\_\_\_

Name of Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Does your child have any allergies we need to be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

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

**Alerts: Please note anything else we should be aware of while your child is attending our programs**

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

**Alert Type:**  Allergy

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):** \_\_\_\_\_