



Boys & Girls Club
of Fredericton
A good place to be

Summer Camp 2016 Daycare Programs Registration Process

Our mission is to provide a safe supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life.

In order to facilitate the registration of your child into one of our daycare programs, it is important that we complete all steps of the registration process. This will ensure that we have all of the important information we need to keep your child safe and comfortable while they are in our care. It also ensures that you have the opportunity to have all of your questions answered before your child attends our program.

Registration Checklist:

The following steps must be completed before your child is considered registered with one of our daycare programs. This includes **after-school, summer camp and pre-school programs**:

- A copy of the Parent Manual is provided to the parent or guardian and is read in full prior to registration. This manual is available from our office and is also available on our website. *You must sign and acknowledge that you have read and understand this manual.* Parents are responsible for knowing its content.
- The registration form must be completed in full and signed. The appropriate form is available from our office or on our website.
- A copy of the child's immunization record must be obtained at the time of registration **or** a waiver must be completed by the parent or guardian.
- At least one parent or guardian **must meet with the applicable Program Manager** to finalize registration for a new child. A tour of the facility will be provided at this time and any questions can be clarified.

Contact information:

| | Skyline Acres | Devon (Henry Park) |
|-------------------------------------|----------------------|--|
| Address | 499 Canterbury Drive | 248 Medley Street |
| Phone | 454-9237 | 472-4528 |
| Program Manager | Amanda Audette | |
| Director of Program Services | Lisa Roy 472-1784 | |
| Administration | | |
| Address | 499 Canterbury Drive | Website |
| Phone | 472-5112 | www.fbgc.ca |
| Office Manager | Nancy McCoy | Fax |
| Executive Director | Karen MacAlpine | 472-8947 |



June 27 – Sept. 2 ~ Monday to Friday, 7:30 am to 5:30 pm

The Fredericton Boys’ and Girls’ Club has been offering programs to children in the Fredericton area since 1968. We are excited to offer a Summer Day Camp at the Devon and Skyline locations. Children will be divided into groups based on their age. Each group will have a daily schedule of fun filled activities such as:

Sports & Recreation
Drama
Fun with Computers
Special guests
Water Games



Arts & Crafts
Exploring with Science
Field & Gym Games
Presentations
Cultural Activities

Group Activities
Swimming
Field trips
Picnics
Leadership Activities

Both facilities offer an arts & crafts room, a resource room with computers, a TV and dvd player, a gymnasium, and a games room. The facilities are located beside elementary schools where they share large outdoor play areas including playground equipment, a basketball court, a soccer/baseball field, and the Devon facility also has an outdoor pool. All activities are led by enthusiastic and experienced staff with a variety of special skills in education, recreation, and leadership.

Registration Fees



| | |
|---|--|
| Weekly Rate | \$125.00 per week |
| Full Summer Discount | Register for 10 weeks and get the tenth week for FREE. |
| Family Discount | \$5 discount per week for each additional child (\$125, \$120, \$120...) |
| If NET Family Income is below \$42,000 | May qualify for Provincial daycare subsidy Please call: 1-866-444-8838 to make arrangements PRIOR to registration. |
| *Special rates are available for families who qualify. Please contact the administration office prior to registration to apply. | |

Registration Fees

As of April 2015 all payments must be made through pre-authorized payment (Visa, MC, Debit); this can be set up through our Administration Office at 472-5112.

Provincial Subsidy Information

At the time of registration those families that are receiving provincial subsidies for the program must bring in a copy of subsidy approval from the Department of Social Development (1-866-444-8838). If you are unable to get conformation in time for registration you must provide pre-authorization payment information. Subsidy approval will only go back to the date that you originally apply. Subsidy confirmation must be confirmed within 7 days of application or charges will be made on your account. When you receive confirmation, please bring in a copy of your subsidy approval.



Registration Dates

Current Members: Now!
All Others: Monday April 11 2016

Registration takes place at all facilities is between 9 am and 5:30 pm. Spaces are limited so plan to arrive early!

CHILD PROFILE

Appendix 11.1.11

SUMMER PROGRAM 2016

Facility: Skyline Devon

Registration Date: _____

Start Date: _____

CHILD/FAMILY INFORMATION:

Name of Child _____ Male Female

Date of Birth _____ Medicare #: _____ Expiry Date _____

Name of Family Physican: _____ Phone #: _____

Address: _____ School _____

ALLERGY ALERT: Please list your child's allergies

Home Address: _____ Apt # _____

City _____ Postal Code _____ Prov _____

Phone#: _____ Cell #: _____ E-mail: _____

Mother/Guardian: _____ Father/Guardian: _____

Place of work: (mother) _____ Work Phone #: _____

Place of work: (father) _____ Work Phone #: _____

Marital Status: Single Married Widowed Separated Divorced

With whom has the child lived for most of the past year? Mother Father Both Guardian Other (specify) _____

Child Tax Receipts should be made out to: Mother Father Both Guardian

Please note: Childcare Tax Receipts will be emailed. Preferred email: _____

Who has permission to pick your child up from the center?

- If changing pick up arrangements parent(s) must call the center prior to the child being picked up. See Parent Manual for important pick up guidelines

Is there anyone who does not have permission to pick your child up from the center?

What language(s) are spoken at home? English French Other (specify) _____

Siblings: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other people living in the home:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY CONTACTS (not including parents/guardians) Must live within city limits

| | |
|---------------------------|----------------------------|
| 1. Name _____ | Address _____ |
| Telephone #: _____ | Relationship: _____ |
| 2. Name _____ | Address _____ |
| Telephone #: _____ | Relationship: _____ |

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's present or most recent preschool/child care center:

CHILD HEALTH RECORD

1. Immunizations: Please provide a copy of your child's immunization record. If for any reason your child has not received any or all of these immunizations appropriate to his/her age, please inform us.

Parent(s) are responsible to update their child's immunization record and provide this to the facility as changes occur.

The dots (.) shown on this table illustrate the routine immunization schedule which should be followed for infants and children (less than 7 years)

| Age | DPT-P/Hib | DPT-P | Hep.B | MMR | Td-P | Td |
|-----------|-----------|-------|-------|-----|------|----|
| Birth | | | | | | |
| 2 months | • | | • | | | |
| 4 months | • | | | | | |
| 6 months | • | | | | | |
| 1 year | | | • | • | | |
| 18 months | • | | | • | | |
| 4-6 years | | • | | | | |

DPT-P/hib – Diphtheria, pertussis, tetanus, polio, haemophilus influenzae type b vaccine; DPT-P – Diphtheria, pertussis, tetanus, polio vaccine; Hep.B – Hepatitis B vaccine; MMR – Measles, mumps, rubella vaccine; Td-P – Tetanus, diphtheria, polio vaccine; Td-tetanus, diphtheria vaccine

2. Medical History: Please indicate if your child has had any of the following:

| | Yes | No |
|----------------------------|--------------------------|--------------------------|
| Measles | <input type="checkbox"/> | <input type="checkbox"/> |
| Rubelia | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> |
| Meningitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Pertussis (Whooping cough) | <input type="checkbox"/> | <input type="checkbox"/> |

3a) Health Status: Please indicate if your child has any of the following:

| | Yes | No |
|-------------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Eczema//Psoriasis | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy/seizures | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

3b) Medical Treatment Please indicate medical treatment your child may require. Parents must see Program Manager to complete additional forms before medication can be administered.

Name of Medication _____ Dosage _____

Instructions: _____

3c) **Emergency Treatment** Please indicate any situation where emergency treatment and/or medication(s) may be required by your child (ie, epipen, benadryl)

4. **Allergies** a) Please list any medication allergies _____

b) Please list any food allergies _____

c) Any other allergies? _____

5. **Additional information** Indicate if there are any activities in which our child cannot participate.

| Please check off chosen weeks | | |
|-------------------------------|-------------------------------------|------------------------|
| Week of | <input checked="" type="checkbox"/> | Weeks |
| June 27– July 1 | <input type="checkbox"/> | Week 1 (closed July 1) |
| July 4 – July 8 | <input type="checkbox"/> | Week 2 |
| July 11 – July 15 | <input type="checkbox"/> | Week 3 |
| July 18 – July 22 | <input type="checkbox"/> | Week 4 |
| July 25 – July 29 | <input type="checkbox"/> | Week 5 |
| Aug 1 – Aug 5 | <input type="checkbox"/> | Week 6 (closed Aug 1) |
| Aug 8 – Aug 12 | <input type="checkbox"/> | Week 7 |
| Aug 15 – Aug 19 | <input type="checkbox"/> | Week 8 |
| Aug 22 – Aug 26 | <input type="checkbox"/> | Week 9 |
| Aug 29 – Sept 2 | <input type="checkbox"/> | Week 10 |

From time to time, we have T-shirts provided to the children. What size t-shirt does your child wear?

Youth XSm _____ Youth Sm _____ Youth Med _____ Youth Lrg _____ Youth XLrg _____ Adult Sm _____ Adult Med _____

Signature of Parent/Guardian _____ Date: _____

Program Withdrawal (updated information)

From the time of registration until May 31st in the case of withdrawal of your child from the program entirely or for certain weeks we can extend a 50% refund. We may only do so during that time frame as we hire staff based on our program needs. After June 1st the full amount will still be charged without the option of refunds. If you require switching weeks that your child will attend and if we can accommodate the switch we will without further charge.

Attendance

If your child will not be attending on any registered day, notification must be given to the Club prior to the scheduled arrival time. When dropping off a child, parents must accompany their child into the building or over to the playground where applicable and check in with a staff member before leaving their child at the Club.

Registration Fees

As of April 1 2015 ALL registration fees must be paid through our Administration office through either: Visa / MC and Debit.

Provincial Subsidy Information

At the time of registration those families that are receiving provincial subsidies for the program must bring in a copy of subsidy approval from the Department of Social Development (1-866-444-8838). If you are unable to get conformation in time for registration you must provide pre-authorization payment information. Subsidy approval will only go back to the date that you originally apply. Subsidy confirmation must be confirmed within 7 days of application or charges will be made on your account. When you receive confirmation, please bring in a copy of your subsidy approval.

Hours of Operation

Our Summer Program runs for the 10 weeks of summer, from 7:30 am until 5:30 pm. Parents will be charged \$5 for every 5 minutes per child that they are late picking up a child after 5:30pm. Fees will be added to your account if not paid at the time of arrival.

Statutory Holidays

This program will be closed for statutory holidays. Regular weekly rates will be charged.

Illness and/or injury

Parents should not send a child to the club if s/he is ill. Due to new Public Health illness tracking forms, parents must also inform the Club of what type of illness caused their absence, eg: cold, flu, diarrhea, etc. Parents must inform the Club if a child contracts a contagious disease as soon as the diagnosis is made. A parent must complete a medicine permission slip before Club staff can administer any medicine to a child. Medicine must be in original container, labeled with the child's name and dosage clearly on it. Parents will be expected to pick up, as soon as possible, a child that has become ill or injured at the Club.

Emergency Transportation Policy:

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I(we) authorize the operator, administrator or staff of Fredericton Boys' And Girls' Club, Inc. to take whatever emergency measures are necessary for the protection of (our) my child while in their care. I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my(our) child to a hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

External Outing Waiver

I (we) give permission to the Fredericton Boys' and Girls' Club to transport my (our) child/ren to and from external activities by public transportation or by Trius Bus (not equipped with seatbelts). I understand that the Fredericton Boys' and Girls' Club will make every effort to notify me(us) in advance of the outing, but that changes to the schedule due to weather, or other factors may prohibit the Club from contacting me(us). I also understand that all field trips and outings will return to the Club by 5 pm. A schedule of planned trips will be made available to parents in advance and parents will be required to notify the Club of any trips that their child will NOT be permitted to go on. We travel by Trius buses (like school buses there are no safety restraints).

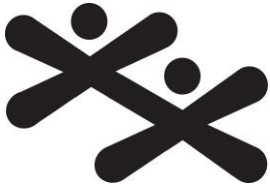
Publication Consent

I (we) give permission to the Fredericton Boys' and Girls' Club to use pictures of my child and/or his or her first name for purposes of advertising or promoting the Club's activities. I (we) understand that all other personal information about my (our) child will be kept private and confidential, and that photos and first names will only be used in good faith by the Fredericton Boys' and Girls' Club. Parents will be notified when pictures will be used for Television or Newspaper purposes. We receive funding from Canadian Tire Jumpstart that enhances / supports some of our sport and recreation programming. Part of our stewardship requirements includes sharing basis information (name and age) of our participants to a confidential portal secured by Canadian Tire Jumpstart. Please advise your Program Manager if you have any concerns.

Service Agreement

By signing below you are indicating that you are registering your child in the Fredericton Boys' and Girls' Club Summer Camp Program and that you have read and agree to all of the related policies stated above and those included in the PARENT MANUAL. In consideration of the Fredericton Boys' and Girls' Club Inc. accepting the above minor as a member and/or permitting him/her to enjoy the facilities of the said, the undersigned parent or guardian on behalf of himself/herself and on behalf of the minor applicant, do waive and release each and every right or claim for negligence we and each of us have or may have against the Fredericton Boys' and Girls' Club Inc. its agents, employees, servants or representatives for all and any injuries, accidents or mishaps occasioned by or to above named minor while participating in the activities of or in the care of the said Fredericton Boys' and Girls' Club, Inc.

Signature of Parent/Guardian: _____ Date: _____



Boys & Girls Club
of Fredericton

Administration of Acetaminophen Consent Form

This authorizes staff of the Fredericton Boys and Girls Club Skyline Acres Facility
 Devon Facility
 Estey's Bridge Facility

to administer acetaminophen to _____
name of child

providing the procedures outlined below have been taken.

1. At the first sign of the following symptoms (i.e. fever) – **To be completed by the parent:**

2. Take the child's temperature and record it in the child's daycare file, including time and date.
3. Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Be sure to have the parent confirm with you the dosage to be administered.
4. Administer the medication in accordance with the parent's directions.
5. Ensure that the parent signs the appropriate space upon their arrival at the day care centre to confirm that he/she was consulted and is in agreement with the dosage given.

I agree with this procedure and give my consent.

Parent/guardian signature

Date



Boys & Girls Club
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Sunscreen and Bug Spray Consent Form

During the entire summer and at the beginning and end of the after-school and pre-school program parent(s) will be required to send labeled bottles of sunscreen and bug spray for their child's individual use.

If you choose to not send sunscreen or bug-spray then your child will be required to wear a hat and long sleeved shirt when outside.

In an effort to keep your child safe and protected, if neither of these two requests are met you will be contacted immediately and will need to pick up your child as this is something we must take seriously. We thank you for your co-operation and understanding.

Consent for sunscreen and bug spray

I _____ give permission for the staff of the Fredericton
parent's name

Boys and Girls Club to assist applying sunscreen and bug-spray to _____
child(ren)'s name(s)

I have sent a labeled bottle of sunscreen and bug-spray.

Confirmation of intent to not use sunscreen and bug spray

I _____ have decided to send a hat and long sleeve shirt as I do not
parent's name

wish for _____ to wear sunscreen or bug-spray and I understand
child(ren)'s name(s)

that if I do not send this in that I will be notified and will need to pick up my child(ren).

Parent/guardian signature

Date



**Pre-Authorized Agreement
Program Fees Form**

| Program Information (Please Print clearly) | | | | |
|---|---------------------------------------|--|-------------------------------------|--|
| Location of Club Program : | Gibson Neill <input type="checkbox"/> | Skyline <input type="checkbox"/> | Devon <input type="checkbox"/> | Esteys Bridge <input type="checkbox"/> |
| Name of Program: | | | Name of Child(ren) in the Program: | |
| Parent Information | | | | |
| Name: | | | Phone #: | |
| Mailing Address: | | City/Prov: | Postal Code: | |
| Payment information-Bank Account | | | | |
| Financial Institution Name/Location: | | | | |
| Account Number: (or Attach VOID cheque) | Branch Transit #: (5 digits) | | Institution #: (3 digits) | |
| Name(s) of Account Holder(s): | | | | |
| Amount to be charged to account semi monthly/monthly Please indicate: the 15th ___ or 30th ___ of each month \$_____ | | | | |
| You the Payor authorize the Fredericton Boys' and Girls' Club Inc. to debit the bank account identified above for the amount indicated by you above. The debit will be processed to your account on a bi-weekly/monthly basis. You the Payor may revoke your authorization at any time, subject to providing notice of 14 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca . | | | | |
| Payment Information-Visa/MasterCard | | | | |
| Payment type: | | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> | |
| Name as it appears on the card: | | | | |
| Card Number: ___ / ___ / ___ / ___ | | | Expires: (mm/yyyy) ___ / 20 ___ | |
| Amount to be charged to account semi monthly/monthly Please indicate: the 15th ___ or 30th ___ of each month \$_____ | | | | |
| Signature of Card Holder: | | | Date: | |
| You the Payor authorize the Fredericton Boys' and Girls' Club Inc. to debit the bank account identified above for the amount indicated by you. The payment will be processed to your account on a bi-weekly/monthly basis. You the Payor may revoke your authorization at any time, subject to providing notice of 14 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit 222.cdnpay.ca . | | | | |
| Fredericton Boys' and Girls Club Inc. Accounts Receivable | | PO Box 3188, I Station B, Fredericton, NB, E3A 5G9 (506)472-5112 office@fbgc.ca www.fbgc.ca | | |
| You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any transaction that is not authorized or is not consistent with this Agreement. To obtain mor information on your recourse rights, contact your financial institution or visit www.cdnpay.ca . | | | | |
| Office Use Only | | | | |
| Form Approved by: | | | | |
| Additional Information | | | | |



CHILD DAY CARE FACILITIES

INSTALLATIONS DE GARDERIE

**CONSENT FOR OUTINGS, EXCURSIONS,
ACTIVITIES OFF THE PREMISES OF THE DAY
CARE FACILITY**

**FORMULE DE CONSENTEMENT POUR LES
SORTIES, LES PROMENADES ET LES
ACTIVITÉS HORS DES LIEUX DE
L'INSTALLATION DE GARDERIE**

I (we) _____,
the parent/guardian(s) of _____
authorize the operator, administrator, or staff of _____
_____ to
take my (our) child on outings, excursions and
activities away from the facility, either on foot or in
a vehicle providing the driver and said vehicle are
properly insured for the carrying of passengers.

Nous, _____,
parents ou tuteurs de _____,
autorisons le responsable, l'administrateur ou le
personnel de _____
à amener notre enfant au cours de sorties, de
promenades ou d'activités hors des lieux de
l'installation de garderie, que ce soit à pied ou en
véhicule, pourvu que le conducteur et le véhicule
utilisé soient assurés de façon adéquate pour le
transport de passagers.

I(we) understand that I (we) will receive advance
notice of each planned outing, excursion, or activity
away from the premises.

Il est entendu que nous recevrons un avis préalable
chaque fois qu'une sortie, une promenade ou une
activité hors des lieux de l'installation de garderie
est organisée.

Parent signature Date

Signature des parents Date

Parent signature Date

Signature des parents Date



**CHILD DAY CARE FACILITIES
PARENTAL CONSENT FOR EMERGENCY
CARE AND TRANSPORTATION**

**INSTALLATIONS DE GARDERIE FORMULE
DE CONSENTEMENT DES PARENTS POUR
L'ADMINISTRATION DE SOINS ET LE
TRANSPORT D'URGENCE**

Name of child: _____

Nom de l'enfant: _____

Date: _____

Date: _____

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the operator, administrator or staff of _____

To take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me (us) and they any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

Parent signature

Operator / Administrator signature

Si, en raison de circonstances telles qu'un accident ou une maladie soudaine, un traitement médical s'impose, nous autorisons le responsable, l'administrateur ou le personnel de _____

à prendre toute mesure d'urgence nécessaire pour assurer la sécurité de notre enfant, et ce, en tout temps pendant qu'ils en ont la garde.

Nous reconnaissons qu'il pourrait être nécessaire d'appuyer le premier soin, d'appeler un médecin ou une infirmière, de suivre les directives reçues out de transporter notre enfant à l'hôpital, y compris dans un véhicule d'urgence.

Nous reconnaissons que les personnes concernées pourront prendre de telles mesures avant de nous joindre et acceptons d'assumer l'entière responsabilité des frais engagés pour un tel traitement, y compris le transport d'urgence.

Signature des parents

Signature du responsable ou de l'administrateur



Boys & Girls Club
of Fredericton

Fredericton Boys' and Girls' Club Inc. Media Consent Form – CHILD/YOUTH

Name of Child/Youth: _____

Dear Parent or Guardian,

Your child may participate in an event or activity run by the Fredericton Boys and Girls Club Inc. where photos, video or audio of Club members may be taken for promotional/educational/fundraising purposes. Please read this Media Consent Form carefully and indicate below your permission.

SECTION 1 – CHILD/YOUTH (18 YEARS OR UNDER) MEDIA CONSENT

* I hereby give Fredericton Boys and Girls Club Inc.(FBGC) consent to use and reproduce my child's/youth's (print name of child/youth)_____ first name/image for promotion purposes related to FBGC and/or external partners. My child's/youth's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by FBGC, and/or external partners. I release FBGC and its agents from any and all claims, of any nature, based on any uses of the above.

- I Accept
- I Decline

I certify that I am over 18 years of age and am under no legal or contractual disability to grant the rights and license above.

Print name: _____

Parent/Guardian Signature

Date

SECTION 2 - CONFIDENTIALITY CONCERN

* If you have a safety concern regarding your child/youth and **do not** want your child's name/image used for the purposes stated above, please indicate here: I Decline

Child's/Youth's Name

Date

*** Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.**



Boys & Girls Club
of Fredericton

With every right comes a responsibility. By taking responsibility we make the Boys and Girls Club a better place.

We ask that you read the following with your child. By signing you are all agreeing to do your part to ensure a wonderful and safe environment for everyone. We kindly thank you!

Statement of Conduct

- ❖ I have a right to be heard and a responsibility to listen to others.
- ❖ I have a right to a safe playground and a responsibility to use the equipment properly.
- ❖ I have a right to a safe program and a responsibility to keep it safe.
- ❖ I have a right to be respected and a responsibility to treat others with respect.
- ❖ I have a right to know the rules and a responsibility to follow them.

Child signature _____

Parent /s signature _____

Date _____