

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 for our **licensed Summer Day Camp**:

- ☐ The registration form must be completed in full and signed.
- ☐ 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.
- ☐ Confirmation from Program Manager once forms have been received and processed.

CONTACT INFORMATION:

	Skyline Acres	Devon (Henry Park)
Address	499 Canterbury Drive	248 Medley Street
Phone – Programming Office	454-9237	472-4528
Program Manager	Amanda Audette 472-1784	
Director of Program Services	Lisa Shortall 472-1784	
Administration		
Address	499 Canterbury Drive	
Website	www.bgcgreaterfredericton.com	
Admin Office (payments)	Amanda Yates 472-5112	
Fax	472-8947	

REGISTRATION DATES:

Current Members: March 14, 2022
All Others: March 28, 2022

JUNE 27 – SEPT 1 ~ MONDAY TO FRIDAY, 7:30 AM TO 5:30 PM

The BGC Greater Fredericton has been offering programs to children in the Fredericton area since 1968. We are excited to offer a Summer Day Camp at both 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	Arts & Crafts	Group Activities	Drama
Exploring with Science	Swimming *	Team Building	Field & Gym Games
Field trips *	Special guests*	Water Games	Cultural Activities

Both facilities offer arts & crafts rooms, 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 baseball field, and the Devon facility also has access to an outdoor pool. All activities are led by enthusiastic and experienced staff with a variety of special skills in education, recreation, and leadership.

*Things like field trips and swimming will be subject to change due to Covid restrictions if applicable. We follow all Public Health and Daycare rules and regulations.

REGISTRATION FEES

Week	Fee	Dates	Camp for kids Aged 5-8*	Camp for kids Aged 8-12
Week 1 ** closed July 1 st	\$129	June 27-30	Kick Off to Summer	Old School Summer Days
Week 2	\$139	July 4-8	Get Messy	Science
Week 3	\$139	July 11-15	Superhero	Mystery
Week 4	\$139	July 18-22	Space	Time Travelers
Week 5	\$139	July 25-9	Master Chef Jr.	Master Chef Jr.
Week 6 **closed Aug 1 st	\$129	Aug 2-5	Nature Explorers	Outdoor Adventurers
Week 7	\$139	Aug 8-12	Carnival	Games Week
Week 8	\$139	Aug 15-19	Wacky Olympics	BGC Olympics
Week 9	\$139	Aug 22-26	Creative Campers	Imaginarium
Week 10 **closed Sept 2 nd	\$129	Aug 29-Sept 1	Summer Fun	Summer Favs
Full Summer Discount		Register for all 10 weeks and get the tenth week for FREE.		
Family Discount		\$5 discount per week for each additional child (\$139, \$134, \$134...)		
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.				
All payments must be made through pre-authorized payment (Visa, MC, Debit); through our Admin Office at (506) 472-5112.				

*Our Summer Camp Program is for children who have already attended school (kindergarten). The age 5 is for children born in 2016 with late birthdays. For children born in 2014 they will be included in the camp ages 5-8.

**Short weeks due to holidays or operational days. We are closed: July 1, Aug 1, Sept 2

Hello BGC Summer Campers & Families☺

Get ready for a fantastic Summer Camp! We know your children will have a super time with us as we have a great line up of activities, a safe environment and let's not forget our professional and super fun staff!

Each day your child needs : a nutritious lunch with ice packs (***nothing requiring heating***), several snacks and drinks, labeled water bottle, labeled sunscreen, labeled bug spray (optional), a hat, sneakers, swim suit, towel and a full change of clothes. Even when we are not scheduled to swim, we may still get wet rain or shine. Each child needs their own sunscreen.

We are open 7:30am-5:30pm – children cannot be dropped off any earlier than this time. There is a late fee of \$5 for every 5 minutes late per child. Parents / taxi drivers must accompany the child to the building. ***Do not drop a child off at the door and leave*** – we need to connect with you to ensure the safety of the children and complete any COVID required screening. Thanks for your co-operation.

Please dress your children for fun, active, messy play. Our activities are wide ranged.

Please keep us informed:

- If your contact information changes
- When your child will be absent & why (especially when ill- we need to record details)
- Any changes as to who is picking up your child

In order to provide an environment that is emotionally and physically safe for all ***we will not tolerate aggressive/physical behavior, foul language and all forms of bullying*** by children or parents. We will include the children when setting our expectations for behavior and we will expect all children to help do their part to create an environment that feels safe and welcoming for all. Please familiarize yourselves with our Parent Manual for more information on this topic. We will always do our best to help children be successful in this area by positive role modeling, offering reminders and problem solving.

Absolutely no nuts or peanut butter or product containing them. We will post updates for severe allergies at our facilities. Thanks so much for your co-operation in keeping our environments safe. As well, please remember we are a scent free facility this includes anyone coming into the building. (Hair and body products, smoke, etc.)

We are closed July 1st Aug. 1st and Sept 2nd

We are committed to providing an exceptional summer experience for your child/ren. We do use participant surveys in addition to parent feedback forms- we value input and testimonials that help the work we do. We welcome you to share your feedback and concerns at any time! It's important to note that we welcome parental involvement, please see Program Manager to discuss opportunities.

Sincerely,

Lisa Shortall, Amanda Audette & our Summer Program Leaders ☺

Summer Payment Schedule

Payment Date:	Covering weeks of:
July 8 th	Week 1 – June 27-June 30 Week 2 – July 4-8
July 22 nd	Week 3 – July 11-15 Week 4 – July 18-22
Aug 5 th	Week 5 – July 25-29 Week 6 – Aug 2-5
Aug 19 th	Week 7 – Aug 8-12 Week 8 – Aug 15-19
Sept 2 nd	Week 9 – Aug 22-26 Week 10 – Aug 29 – Sept 1

Summer Camp Location: **Skyline** ☐ **Devon** ☐

(Office only) Date Received: _____ Received by: _____ Tour Date: _____

CHILD/FAMILY INFORMATION:

Name of Child _____ Male ☐ Female ☐ Non-Binary ☐

Date of Birth _____ Medicare #: _____ Expiry Date _____

Name of Family Physician: _____ Phone #: _____

Dr. 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 _____

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

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

** As per Daycare Standards we require 2 emergency contacts – this is required in order for your child to attend **

CHILD HEALTH RECORD

1. Medical History & Health Status: 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"/>

	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"/>

2a) 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: _____

2b) Emergency Treatment : Please indicate any situation where emergency treatment and/or medication(s) may be required by your child (ie, epipen, benadryl)

3. Your Child's needs: please share all relevant information in order for us to best understand and support your child.

4. Additional information: Indicate if there are any activities in which your child cannot participate.

WEEKLY REGISTRATION:

To register your child **Please CHECK OFF ANY/ALL WEEKS YOUR CHILD WILL BE ATTENDING**

Please check off chosen weeks					
Week of		√	Camp 5-8	√	Camp 8-12
June 27-30*	\$129	<input type="checkbox"/>	Kick Off to Summer	<input type="checkbox"/>	Old School Summer Days
July 4-8	\$139	<input type="checkbox"/>	Get Messy	<input type="checkbox"/>	Science
July 11-15	\$139	<input type="checkbox"/>	Superhero	<input type="checkbox"/>	Mystery
July 18-22	\$139	<input type="checkbox"/>	Space	<input type="checkbox"/>	Time Travelers
July 25-9	\$139	<input type="checkbox"/>	Master Chef Jr.	<input type="checkbox"/>	Master Chef Jr.
Aug 2-5*	\$129	<input type="checkbox"/>	Nature Explorers	<input type="checkbox"/>	Outdoor Adventurers
Aug 8-12	\$139	<input type="checkbox"/>	Carnival	<input type="checkbox"/>	Games Week
Aug 15-19	\$139	<input type="checkbox"/>	Wacky Olympics	<input type="checkbox"/>	BGC Olympics
Aug 22-26	\$139	<input type="checkbox"/>	Creative Campers	<input type="checkbox"/>	Imaginarium
Aug 29-Sept 1*	\$129	<input type="checkbox"/>	Summer Fun	<input type="checkbox"/>	Summer Favs

PLEASE NOTE THE FOLLOWING

An Updated Parent Manual can be found on our website www.bgcgreaterfredericton.com or pick one up at the Programming Office at one of our locations

Program Withdrawal

If something comes up and you need to withdraw from a week or multiple weeks you'd only have to pay a 10% administration fee from the time of registration until June 1st. After June 1st if notice with at least 2 weeks' notice given there is a 50% administration fee, and in the case of less than two weeks' notice the full fee will still be charged. If you need to switch weeks and there is space in the week you are hoping to switch too then there is no extra charge to do so.

Registration Fees

ALL registration fees must be paid through our Administration office through pre-authorized payments, either: Visa / MC and Debit.

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.

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.

Service Agreement

By signing or typing your name 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: _____

Administration of Acetaminophen

This authorizes staff of the BGC Greater Fredericton to administer Acetaminophen to _____ (name of child) providing the procedures outlined below have been taken.

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

-
- Take the child's temperature and record it in the child's daycare file, including time and date.
 - 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.
 - Administer the medication in accordance with the parent's directions.
 - Ensure that the parent signs the appropriate space upon their arrival at the day care center to confirm that he/she was consulted and is in agreement with the dosage given.

- ☐ I agree with this procedure and give my consent.
- ☐ I do not give my consent

Sunscreen and Bug Spray

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.

- ☐ I give permission for the staff of the BGC Greater Fredericton to assist applying sunscreen and bug-spray to my child. I have sent a labeled bottle of sunscreen and bug-spray.
- ☐ I have decided to send a hat and long sleeve shirt as I do not wish for my child to wear sunscreen or bug-spray and I understand that if I do not send this in that I will be notified and will need to pick up my child(ren).

Outings and Excursions

As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning.

Consent forms for any motor transportation trips will be separate and for each outing.

- ☐ I give permission for my child to be able to participate in the walking trips off the premises.
- ☐ I do not give my permission for my child to be able to participate in the walking trips off the premises.

Emergency Care and Transportation

If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the BGC Greater Fredericton staff to take whatever emergency measures are necessary for the protection of my child while in their care.

I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

Parent/Guardian Signature

(Date)

Parent/Guardian Signature

(Date)

Consent Forms Section continued

Media Consent

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.

* I hereby give Fredericton Boys and Girls Club Inc.(FBGC) consent to use and reproduce my child's/youth's 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.

Field Trip Permission Slip

I hereby give my permission for: _____ (child's name) to attend the field trips as outlined below: being transported via Trius Bus (no seat belts) when/if they are allowed to do field trips this summer as Public Health and Daycare Restrictions allow.

Field Trip Locations	
<ul style="list-style-type: none">• Queen Square Pool• Odell Park	<ul style="list-style-type: none">• Royal Road Park & Pool• Killarney Lake

**** A detailed schedule will be posted and changes to the schedule will be communicated ahead of time ****

It is my understanding that the Fredericton Boys and Girls Club Inc, its agents and employees are liable for gross negligence, but are otherwise indemnified against liability for injury caused by accident through unforeseen circumstances or willful misconduct on the part of the foresaid minor.

Covid Confirmation and Acknowledgement of Screening Responsibility

I hereby acknowledge that I understand my responsibilities for the screening of my child/children for COVID-19 symptoms prior to bringing my child/children to the BGC Greater Fredericton everyday.

I understand that bringing my child/children to the above-names facility signifies that I take full responsibility and attest that all questions in the screening questionnaire were answered with a "no".

Parent/Guardian Signature

(Date)

Parent/Guardian Signature

(Date)

Program Information (Please Print clearly)		
Location of Club Program :	Skyline <input type="checkbox"/>	Devon <input type="checkbox"/>
Name of Program: Summer Camp	Name of Child(ren) in the Program:	
Parent Information: *email: _____		
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 Bi Weekly		
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 PAA 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 Bi Weekly		
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 PAA Agreement, contact your financial institution or visit 222.cdnpay.ca .		
Fredericton Boys' and Girls Club Inc. Accounts Receivable	499 Canterbury Drive, Fredericton, NB, E3B 4M4 (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		

Summer Payment Schedule

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