

## **Summer Camp 2025**

Daycare Programs Registration Package

**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, including payment information.
The parent or guardian is to read our Parent Manual in full prior to registration. This manual is available from our office and is also available on our website. <i>You must sign and acknowledge that you have read and understand this manual.</i> Parents are responsible for knowing its content.
Confirmation from Program Director/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	506-454-9237	506-472-4528	
Program Director	Amanda Audette 506-472-1784 amanda@bgcfred.com		
Director of Operations	Lisa Shorta	all 506-472-5112	
Executive Director	Karen MacAlpine 506-472-5112		
	Administration		
Address	499 Car	iterbury Drive	
Website	www.bgcfred.com		
Fax	506-472-8947		

### **Registration Dates:**

Current Members: March 3, 2025 All Others: March 17, 2025





## June 23- August 28, 2025, 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 Cultural Activities

Exploring with Science Team Building Field & Gym Games Water Games

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.

#### **Registration Fees**

Week	Fee	Dates	Weekly Theme		
Week 1	\$160	June 23-27	The Great Outdoors: Nature & Adventure		
Week 2 ** closed July 1	\$150	June 30- July 4	Science Exploration: Figure it out, Slime etc.		
Week 3	\$160	July 7-11	Sports Frenzy: BGC Olympics		
Week 4	\$160	July 14-18	Around the World		
Week 5	\$160	July 21-25	Out of this World		
Week 6	\$160	July 28-Aug 1	Ready Player One! Games week		
Week 7 **closed Aug 4	\$150	Aug 5-8	Under the BGSea		
Week 8	\$160	Aug 11-15	Magic of Storytelling & Character week		
Week 9	\$160	Aug 18-22	Wild Discoveries & Pet Palooza		
Week 10 **closed Aug 29	\$150	Aug 25-28	Summer Camp Mash-up & Favourites		
Full Summer Discount		Register for all 10	weeks and get the 10th week for FREE.		
Family Discount		\$5 discount per w	eek for each additional child (\$150, \$145, \$145)		
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	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.					

<sup>\*</sup>Our Summer Camp Program is for children who have already attended school (kindergarten). The age 5 is for children born in 2019 with late birthdays.

<sup>\*</sup>Things like field trips, swimming and special guests are based on available options and may not be guaranteed each week. We follow all Public Health and Daycare rules and regulations.

<sup>\*\*</sup>Short weeks due to holidays or operational days. We are closed: July 1, Aug 4, Aug 29

#### Family Welcome Letter



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!

<u>Each day your child needs</u>: a nutritious lunch with ice packs *(nothing requiring heating),* please pack the required cutlery, 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. 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 including Nutella. 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 1, Aug. 4 and Aug 29.

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,

Programming Team ©

## **Payment Options & Information**

#### **Summer Payment Schedule**

Payment Processed on	Covering weeks of:
Date:	
July 4 <sup>th</sup>	Week 1 – June 23-27
	Week 2 – June 30- July 4
July 18 <sup>th</sup>	Week 3 – July 7-11
	Week 4 – July 14-18
Aug 1 <sup>st</sup>	Week 5 – July 21-25
	Week 6 – July 28- Aug 1
Aug 15 <sup>th</sup>	Week 7 – Aug 4-8
	Week 8 – Aug 11-15
Aug 29 <sup>th</sup>	Week 9 – Aug 18-22
	Week 10 – Aug 25-29

ALL registration fees must be paid through our Administration office through pre-authorized payments, either: Visa / MC and Debit. We are unable to process Visa Debit cards.

Pre-Authorized Debit (form below)
Pre-Authorized Credit Card (form below)
Pay for weeks via our website.

Alternate payment arrangements need to set up with Amanda Audette amanda@bgcfred.com



# Registration Forms SUMMER CAMP PROGRAM 2025

Summer Camp Location: Skyline 1	Devon			
(Office only) Date Received:	R	eceived by:	Tour Date:	_
CHILD INFORMATION:				
Name of Child		Male 🗆	Female □ Non-Binary	
Date of Birth	Medicare #:	Expi	ry Date	
Name of Family Physican:		Phone #:		
Dr. Address:		School _		
ALLERGY ALERT: (Please list your chi	ld's allergies)			
				•
Home Address:			Apt #	
City	Postal Code		Prov	
Mother/Guardian:	Plac	re of work:		
Work Phone #:				
 E-mail:				
Father/Guardian:	Place of wo	ork:		
Work Phone #:				
E-mail:	-			
Marital Status: □ Single □ Marri	ed 🗆 Widowed	□ Separated	□ Divorced	
With whom has the child lived for most of t  ☐ Mother ☐ Father		uardian 🗆 Oth	ner (specify)	
Child Tax Receipts should be made out to:	□ Mother □ Fa	ather 🗆 Both	□ Guardian	
Please note: Childcare Tax Receipts will be	emailed. Preferred em	nail:		
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

anguage(s) are spoken at home	e? 🗆 Eng	glish	□ French	□ Other (specify)		
				Age Age		
ERGENCY CONTACTS (n	ot includir	ng parer	nts/guardians)	Must live within c	ity limits	
Name	A	ddress			_	
ephone #:	Re	elationshi	ip:		_	
Name	A	ddress				
ephone #:	Re	elationsh	ip:		_	
O HEALTH RECORD edical History & Health Status:			ncy contacts — t			
O HEALTH RECORD edical History & Health Status:					Yes	No
O HEALTH RECORD  edical History & Health Status:  Measles	Please indica	ate if you		any of the following:		No 🗆
D HEALTH RECORD  edical History & Health Status:  Measles Rubelia	Please indica	No	r child has / had a	any of the following: ma	Yes	
Measles Rubelia Mumps	Please indica	No	r child has / had a	any of the following: ma	Yes	
Measles Rubelia Mumps Chicken Pox	Please indica	No	r child has / had a	any of the following: ma etes	Yes	
Measles Rubelia Mumps	Please indica	No	r child has / had a	ma etes ma//Psoriasis psy/seizures	Yes	
Measles Rubelia Mumps Chicken Pox Meningitis Pertussis (Whooping cough)  Medical Treatment: Please i complete additional forms by	Please indicate med as indicate as indicate a	No  No  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Asth Diab Eczel Epile Othe ment your child r be administered Dosa	ma etes ma//Psoriasis psy/seizures r may require. Parents r	Yes	m Man
Measles Rubelia Mumps Chicken Pox Meningitis Pertussis (Whooping cough)  Medical Treatment: Please i complete additional forms book Name of Medication Instructions: Emergency Treatment: Please	Please indicate medicate medicate medicate aryl)	No  No  Comparison of the state	Asth Diab Ecze Epile Othe ment your child r be administered Dosa	ma etes ma//Psoriasis psy/seizures r may require. Parents r ge	Yes	may be

#### Weekly Registration:

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

Please check off chosen weeks					
	Week of	FEE		Weekly Theme	
Week 1	June 23-27	\$160		The Great Outdoors: Nature & Adventure	
Week 2 ** closed July 1	June 30- July 4	\$150		Science Exploration: Figure it out, Slime etc.	
Week 3	July 7-11	\$160		Sports Frenzy: BGC Olympics	
Week 4	July 14-18	\$160		Around the World	
Week 5	July 21-25	\$160		Out of this World	
Week 6	July 28-Aug 1	\$160		Ready Player One! Games week	
Week 7 **closed Aug 4	Aug 5-8	\$150		Under the BGSea	
Week 8	Aug 11-15	\$160		Magic of Storytelling & Character week	
Week 9	Aug 18-22	\$160		Wild Discoveries & Pet Palooza	
Week 10 **closed Aug 29	Aug 25-28	\$150		Summer Camp Mash-up & Favourites	

#### \*PLEASE NOTE THE FOLLOWING\*

An Updated Parent Manual can be found on our website <a href="www.bgcfred.com">www.bgcfred.com</a> 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:
Signature of Farent/Guardian.	Date.



Parent/Guardian Signature

This aut	stration of Acetaminophen thorizes staff of the BGC Greater Fredericton to administer Acetaminophen to ng the procedures outlined below have been taken. irst sign of the following symptoms (i.e. fever) – To be completed by the parent:	(name of child)
- - -	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 paradministering acetaminophen. Be sure to have the parent confirm with you the dosage to be a 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 consulted and is in agreement with the dosage given.	dministered.
	I agree with this procedure and give my consent. I do not give my consent	
During send la then yo protect	the entire summer and at the beginning and end of the after-school and pre-school program particle beled bottles of sunscreen and bug spray for their child's individual use. If you choose to not send our child will be required to wear a hat and long sleeved shirt when outside. In an effort to keep yed, if neither of these two requests are met you will be contacted immediately and will need to plain we must take seriously. We thank you for your co-operation and understanding.	d sunscreen or bug-spray your child safe and
	I give permission for the staff of the BGC Greater Fredericton to assist applying sunscreen and be 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 sunscreunderstand that if I do not send this in that I will be notified and will need to pick up my child(r	en or bug-spray and I
As a pa	s and Excursions  rt of the day, walking trips may be taken off the premises, within the neighbourhood. Consent with the formore spontaneity in the planning.  It 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.	
If at any Frederic I unders transpo I unders	ency Care and Transportation  y time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I cton staff to take whatever emergency measures are necessary for the protection of my child what stand this may involve applying first aid, contacting a medical practitioner, carrying out the instruction my child to a hospital, including the possible use of an emergency vehicle.  Stand that this may be necessary prior to contacting me and that any expense incurred for such the ency transportation is my responsibility.	ile in their care. Ictions given, and/or
	Parent/Guardian Signature	(Date)

(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.

indicate below your permission.	
promotion purposes related to FBGC and/or external part may be published or used in newspapers, promotional vid Web or otherwise displayed to the public or used for othe	consent to use and reproduce my child's/youth's first name/image for mers. My child's/youth's first name(unless otherwise authorized)/image leos, television commercials, program brochures, posters, on World Wide er educational/fundraising purposes, either in whole or in part by FBGC, om 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 le	egal or contractual disability to grant the rights and license above.
Field Trip Permission Slip	
I hereby give my permission for:transported via Trius Bus (no seat belts) when/if they are Restrictions allow.	(child's name) to attend the field trips as outlined below: being allowed to do field trips this summer as Public Health and Daycare
F	ield Trip Locations
<ul><li> Queen Square Pool</li><li> Odell Park</li></ul>	<ul><li>Royal Road Park &amp; Pool</li><li>Killarney Lake</li></ul>
** A detailed schedule will be posted and ch	anges to the schedule will be communicated ahead of time **
	Club Inc, its agents and employees are liable for gross negligence, but are y accident through unforeseen circumstances or willful misconduct on the
Parent/Guardian Signature	(Date)
Parent/Guardian Signature	(Date)

## Pre-Authorized Agreement Form



Program Information (Please Print cle	early)				
Location of Club Program :	Skyline	Devon			
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 (p	re-authorized debit option)				
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 V	Veekly				
indicated by you above. The debit will your authorization at any time, subject		·			
Payment Information-Visa/MasterCard		in pay			
Payment type:	Visa	MasterCard			
Name as it appears on the card:					
Card Number://	_/ Expires: (mm/yyyy)	/ 20			
Amount to be charged to account Bi V	Veekly				
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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