

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 After-school Program**:

- ☐ 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.
- ☐ A one time non-refundable \$30 registration fee is required for new members at the time of registration as part of the registration process. All payments must be made via pre-authorized payment (Visa, MC, Debit) on a bi-weekly schedule, through our Administration office 506-472-5112.
- ☐ Confirmation from Program Director/Program Manager once forms have been received and processed.

Contact information:

	Skyline Acres	Devon (Henry Park) PD Days / Snow day only	Gibson Neill Memorial
Address	499 Canterbury Dr.	248 Medley Street	67 Wyngate Drive
Phone	454-9237	472-4528	454-9237
Program Director	Amanda Audette - 472-1784 – amanda@bgcfred.com		
Director of Operations	Lisa Shortall - 472-5112 – lisa@bgcfred.com		
Administration			
Address	499 Canterbury Drive	Website	www.bgcfred.com
Phone	472-5112	Fax	472-8947
Office (Payments)	472-5112		
Executive Director	Karen MacAlpine		

Registration Dates:

Current Members: April 22, 2025
All Others: May 5, 2025

Monday to Friday, school dismissal 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 our After school Program at our North and Southside 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	Team Building	Field & Gym Games	And more!
Special guests	Cultural Activities	Academic Support	

Choices are given to the children as often as possible to enhance their experience, increase the fun and to stimulate learning. We offer a balance of structured and unstructured activities.

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

Registration Fees

Registration Fees are throughout the program duration Sept-June and are calculated into equal payments. They are not based on attendance. Registration fees cover the space we hold for your child.

Pre-authorized Payment Rates:	Bi-weekly	\$195
Family Discount	\$10 discount per bi-weekly rate for each additional child	
If NET (after-tax) Family Income is below \$55,000	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 to apply.		

Provincial Subsidy Information

At the time of registration those families that are receiving provincial subsidies for the program must bring in a copy of your subsidy approval from the Department of Social Development (1-866-444-8838). If you are unable to get confirmation in time for registration you must provide pre-authorized 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.

Club Locations:

Devon - 248 Medley Street – Behind Fredericton Christian Academy School
 Skyline Acres - 499 Canterbury Drive - Beside Liverpool Street Elementary School
 Gi67 Wyngate Drive – onsite at Gibson-Neill Memorial Elementary School

Program Fees

After-school Fees for 2025-2026 are \$195 bi-weekly from September to June and include: After-school care from school dismissal, and full day PD Day. Information on Snow Days, Winter and March Break will be provided in the fall. For pre-authorized payment options, questions or concerns please contact Amanda@bgcfred.com. These fees are registration fees to secure your child's spot and are not based on attendance.

We are happy to offer the \$5 weekly **family discount** and this applies only to the After-school and Summer Camp Program (not Pre-school or other programs). For example, After-school fee for the first child is \$195 biweekly. The second would be \$185, third would be \$185, and so on.

ASD-W Scheduled School Closures (Pd Days)

Children are automatically signed up in advance for these services and are included in your fee. If your child is not attending or coming late on a particular PD Day please call your programming office by 9:30 am as staffing decision will be made. If your child arrives after this time and you did not inform us, your child may not be able to attend as we have government regulated ratios to meet. GNMES students will attend the Devon location 248 Medley Street on these days. Please note that we are not open for Statutory Holidays.

Full Day ASD-W Zone 6 School Storm Days &

We do our very best to be open and stay open during Storm days, however each storm is different and we will communicate with families if there is a delay to our opening time or a need to close early. Please check our Facebook page, or call our programming line 506-454-9237 (Skyline location) | 506- 472-4582 (Devon/GN) We will change the message if there are any changes to hours. More information about Storm Days will be communicated in the fall.

Midday School Closures / Select School Closures

We cannot accommodate midday school closures / storms midday / single school closures. On these days we would be open for regular program times. You will need to make this clear on your child's forms for their schools. For example: If a school closes due to an unexpected power outage, it is possible that we will have other programs running etc. Please ensure that your family has a plan for these occurrences. These instances are rare but it is always best to be prepared.

Winter Break & March Break Camps

These weeks are included in your bi-weekly registration fee. Discounts may be applicable and will be communicated to families in the fall. Dates to be determined based on the ASD-W calendar.

Payment options:

All fees will be paid through pre-authorized payment (Visa, MC, Debit or e-transfers) Regardless of the facility your child attends, our Admin Office will help you with your payment arrangements. 506-472-5112

Withdrawal from Programs -You must provide two week's written notice to your Program Director when withdrawing your child/ren from our programs, and fill out required Withdrawal form

Hello everyone!

Welcome to the BGC Greater Fredericton After-school Program. We are very excited for a wonderful school year. As always, we encourage you to come see us with questions or concerns as we want you all to have a wonderful experience with us. Please take the time to come meet our wonderful staff and volunteers as they cannot wait to meet you.

The first thing we would like to draw your attention to is the Parent Manual. It is each parent's responsibility to review and become familiar with our policies and expectations, it is updated every year. Please let us know if you need another copy, you can also find it on our website www.bgcfred.com

Absolutely no nuts or peanut butter or product containing them – this includes Nutella. We do have children who are extremely allergic. We will post updates for severe allergies at our facilities. Thanks so much for your co-operation in keeping our environments safe.

We ask that you notify us for any reason that your child may not be attending as soon as possible and the reason for absences. The schools do not inform us. When children are sick or unable to participate in activities then parents must make alternate arrangements. Please note the exclusion reference guide and the parent roles and responsibilities in the Parent Manual. It is required that parents notify us of illness as there may be times that we need to post notification and ensure proper cleaning takes place. Fall is a peak time for headlice – please check your child's(ren) heads often. We will also do checks when we notice excessive itching.

It is very important to inform us of changes pertaining to pick up arrangements and this includes use of taxis or if you have chosen for your child to walk from middle school. At any time we reserve the right to ask for photo ID of those coming to pick up children and prefer that the person coming for pick-up is at least 14 years old.

Please note that we close at 5:30pm there's a late fee of \$5 for every 5 minutes per child due upon arrival or will be charged to your account.

Please send: Indoor shoes, an afternoon snack daily. On full days a lunch with a morning and afternoon snack. Please send necessary spoons, forks and ice packs with your child/ren. **We are unable to heat up lunches/snacks.** Please send a change of clothes for your child (more for the younger ones). Sunscreen especially early fall and late spring.

Personal items from home- we ask that you not send daily. (Cards, personal game systems, stuffed animals. mp3 players, ipods etc.) We are not responsible for any damage, loss, theft or traded items as we prefer these items stay at home. There may be special days where 'Toys from Home' are allowed – but not electronic toys or devices. Please see Program Manager/Director for details.

Indoor shoes are mandatory. Winter boots & gear (snow pants) are required for winter. We get outside for fresh air as often as we can and need the children to be dressed appropriately for cold and warm weather.

Thanks so much for your co-operation. We look forward to meeting you all. Come see us with any questions or concerns as we are most happy to help.

Lisa Shortall – Director of Operations
Amanda Audette – Program Director
Sarah Bishop – Skyline Program Manger
Jessica Mallory – Program Coordinator
Melissa Smardon – Gibson Neill Program Manager

Registration Forms
AFTER-SCHOOL PROGRAM 2025-2026



Program Location: **Skyline** ☐ **Devon** ☐ **Gibson Neill** ☐

(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 (medicine, food, other 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 _____

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

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

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"/>
Rubella	<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 *** there will be an additional form to fill out please speak to Program Manager***

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) *** there will be an additional form to fill out please speak to Program Manager***

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. Or anything else we should know to best support your child.

PLEASE NOTE THE FOLLOWING

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

User Fees

A one-time non-refundable registration fee of \$30 is required at the time of registration as part of the registration process. ALL registration fees must be paid by pre-authorized payment (Visa / MC and Debit) for the school year on bi-weekly schedule.

Hours of Operation

Our After-school program runs for the 42 weeks of the school year, from the time of school dismissal 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.

Winter Break & March Break Camps

These weeks are included in your bi-weekly registration fee. Dates to be determined based on the ASD-W calendar. More information to come later in the fall.

December Closures

We will be closed to observe Dec. 25, 26 and Jan.1 Dates of closure will be communicated out to families late fall.

Illness and/or injury

Parents should not send a child to the club if they are 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. Parents will be expected to pick up, as soon as possible within an hour, 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 After-School 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, 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.

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.

Parent/Guardian Signature

(Date)

Parent/Guardian Signature

(Date)

Program Information (Please Print clearly)			
Location of Club Program :	Skyline <input type="checkbox"/>	Gibson Neill <input type="checkbox"/>	Devon <input type="checkbox"/>
Name of Program: <i>After-school</i>	Name of Child(ren) in the Program:		
Parent Information: *email: _____			
Name:	Phone #:		
Mailing Address:	City/Prov:	Postal Code:	
Payment information-Bank Account – fill out to select Pre-Authorized Debit			
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 – fill out to select Pre-Authorized payments via credit card			
Payment type:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	
Name as it appears on the card:			
Card Number: ____/____/____/____	Expires: (mm/yyyy) __/20 __	CVV: ____	
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			