Greater Fredericton

Pre-school Registration Package 2026-2027

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/Lead to finalize registration for a new child.

Contact information:

	Skyline Acres		
Address	499 Canterbury Drive		
Phone	506-454-9237		
Program Manager	Sarah Bishop		
Program Director	Amanda Audette		
Administration Office			
Address	499 Canterbury Drive		**Website** www.bgcfred.com
Phone	506-472-5112		**Fax** 472-8947
Executive Director	Karen MacAlpine		

Greater Fredericton

Pre- school Program 2026-2027 Information Form

The BGC of Greater Fredericton has been offering programs to children in the Fredericton area since 1968. We are excited to offer our Preschool Program at our Designated Early Learning Center at our Southside location. The Program offers a variety of unique experiences that allow the children to learn, grow and discover! Children learn through their play as we follow the New Brunswick Curriculum Framework.

We focus on:
the Well Being of the Child
Play and Playfulness
Communication and Literacy
Diversity and Social Responsibility

All while incorporating our Core Values of:
Inclusion and Opportunity for all
Respect and Belonging
Empowerment
Collaboration & Speaking Out

Each day the children are given choices and invitations to play and explore. Through play children will develop skills to help them problem solve, be respectful to others, how to share and work together, gain a sense of self, build confidence and get ready for school.

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am -12:15 pm	8:00 am -12:15 pm	8:00 am -12:15 pm	8:00 am -12:15 pm	8:00 am -12:15 pm

Our facility has a pre-school classroom where many of the learning opportunities take place, as well the use of our full size gymnasium to promote physical literacy and develop their gross motor skills. With access to the playground right next to the building and our very own Outdoor Classroom discovery to the outdoors and nature is part of every morning. Throughout the program the group will take on many adventures and field trips, as well as have special guests come and enhance their learning experiences.

Program Start Date: September 14 2026 ***Closed on Holidays and all ASD-W School Closures.
Program End Date: June 11, 2025

Registration Fees

Pre-authorized Payment Rates are billed biweekly	Part-time weekly rate ** (1-5 mornings a week)	$16.98/day	Once enrolled in Portal parents pay:	$7/day
Designated Center – Parent Subsidy	Families may qualify for this provincial program if their earnings are $80,000 or below, it is a sliding scale to help cover the cost of childcare. For more information please call: 1-888-762-8600			
*Special rates are available for families who qualify. Please contact the administration office to apply. ** Part-time options may not always be available, please speak to Program Manager				

Program Location:

499 Canterbury Drive - Beside Liverpool Street Elementary School

Registration Dates: **Registration Open Now!**

bgc Greater Fredericton

PRE-SCHOOL PROGRAM 2026-2027
CHILD PROFILE

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

CHILD/FAMILY INFORMATION:

Name of Child _____ Male ☐ Female ☐

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 _____

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

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:

_____

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.

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

	Yes	No
Measles	□	□
Rubella	□	□
Mumps	□	□
Chicken Pox	□	□
Meningitis	□	□
Pertussis (Whooping cough)	□	□

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

	Yes	No
Asthma	□	□
Diabetes	□	□
Eczema//Psoriasis	□	□
Epilepsy/seizures	□	□
Other	□	□

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****

_____

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

_____

_____

Self Help

In what way does your child need our help with the following self help skills?

Dressing/Undressing:

_____

Eating:

_____

Toileting:

_____

Other: (i.e. gross and fine moter skills)

_____

How does your child communicate his needs/feelings?

_____

The "Good Things in Life"

What does your child like to do?

_____

What doesn't your child like to do?

_____

I would describe my child as:

_____

PLEASE NOTE THE FOLLOWING

Attendance

If your child will not be attending on any registered day, phone notification must be given to the Club prior to the scheduled arrival time. When dropping off a child, parents must check in with a staff member before leaving their child at the Club.

User Fees

ALL registration fees must be paid by pre-authorized payment (Visa / MC and Debit) for the school year on a bi-weekly schedule. Fees reflect registration not attendance and are structured to be bi-weekly throughout the program year (from September to June).

Hours of Operation

Our Pre-school Program days and hours are Monday to Friday drop-off is after 8:00 and pick up is by 12:15 noon. Parents will be charged $5 for every 5 minutes per child that they are late picking up a child. Fees will be added to your account if not paid at the time of arrival. This program closes when school is closed for school closures or due to storms.

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. 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 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: _____

Consent Forms

Administration of Acetaminophen

This authorizes staff of the Fredericton Boys and Girls Club 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 Fredericton Boys and Girls Club 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 Fredericton Boys and Girls Club 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)

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 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
A good place to be

Pre-Authorized Agreement
Program Fees Form

Program Information (Please Print clearly)			
Location of Club Program :	Gibson Neill ☐	Skyline ☐	Devon ☐
Name of Program: Pre-school Program		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 on the 15th ___ and 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 PAA Agreement, contact your financial institution or visit www.cdnpay.ca.			
Payment Information-Visa/MasterCard			
Payment type:	Visa ☐	MasterCard ☐	
Name as it appears on the card:			
Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	Expires: (mm/yyyy) _ _ / 20 _ _		
Amount to be charged to account Bi Weekly on the 15th ___ and 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 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			