



Boys & Girls Clubs
of Saskatoon

105 – 135 Robin Cres.
Saskatoon, SK S7L 6M3
Before & After School Program Phone: 306-665-1450
Office Phone: 306-244-7820 Fax: 306-244-0089
office@bgcsaskatoon.com
www.bgcsaskatoon.com

2018/2019 Before & After School Program Registration Form

School Attending: _____

*Please make cheques payable to Boys & Girls Clubs of Saskatoon. Registration Fees are non-refundable.
Registration is on a first come, first served basis with completed forms and registration fees paid.
Registration fees & regular fees can be found on our website.*

PARENT/GUARDIAN Child's Primary Residence

Name: _____
Address: _____
Postal Code: _____
Cell Phone #: _____
Home Phone #: _____
Work Phone #: _____
Email: _____

PARENT/GUARDIAN Child's Primary Residence

Name: _____
Address: _____
Postal Code: _____
Cell Phone #: _____
Home Phone #: _____
Work Phone #: _____
Email: _____

Child's Name:	Gender:	Birthdate & Grade:	Health Card #:
_____	_____	mm dd yyyy Age _____	_____
_____	_____	mm dd yyyy Age _____	_____
_____	_____	mm dd yyyy Age _____	_____
_____	_____	mm dd yyyy Age _____	_____

Number of Years Registered in Boys & Girls Clubs of Saskatoon: _____

Please answer the following:

- My child(ren) will attend mornings:
- 4 – 5 times per week
 - 2 – 3 times per week
 - less than 2 times per week
- My child(ren) will attend afternoons:
- 4 – 5 times per week
 - 2 – 3 times per week
 - less than 2 times per week

EMERGENCY CONTACTS:

These will be the people who are allowed to pick up your child or who will be called if a Parent/Guardian cannot be reached in an emergency. **These contacts *MUST* be different than Parents/Guardians.**

I _____ (parent/guardian) give permission to the following individuals to act as parent designates to pick up my child(ren) from Boys & Girls Clubs of Saskatoon’s Before & After School Program. I have informed these individuals that they **must present government issued photo ID or that they must present a password each time they come to pick up my child(ren).** I understand that in case of an emergency, I will be the first one called. However, *I also give my permission to BGC Saskatoon to contact the following individuals AFTER contact has failed* with parent designates on the front page of this registration forms.

Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to this list at any time by filling out the Change of Information form (available at your program site).

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #

Please Note: Everyone picking up children will be asked for your **release password** or for government issued photo ID.

RELEASE PASSWORD: _____

CUSTODY & RELATED COURT ORDERS:

NOT APPLICABLE

If a custody or court order exists, a copy of the order must to be given to Boys & Girls Clubs of Saskatoon. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, Boys & Girls Clubs of Saskatoon cannot deny access to the non-enrolling parent. ***If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child, Boys & Girls Clubs of Saskatoon cannot legally deny access without legal documentation (custody or court order) stating otherwise.***

Please list anyone who is NOT ALLOWED to pick up your child: _____

Name & Relationship to Child

I have provided Boys & Girls Clubs of Saskatoon with legal documentation (custody &/or related court order).

Signature & Name (printed)

Date

Medical Information:

Child's Name: _____ Program Name & Location/School: _____

Health Card #: _____ Family Doctor: _____ Phone Number: _____

Does your child have any of the following conditions?

ADD ADHD FAS Autism other disorders: _____

Allergies: Seasonal _____ Food _____ Insects _____ Other _____

Does your child carry: Epi-pen Inhaler Other _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

Child's Name: _____ Program Name & Location/School: _____

Health Card #: _____ Family Doctor: _____ Phone Number: _____

Does your child have any of the following conditions?

ADD ADHD FAS Autism other disorders: _____

Allergies: Seasonal _____ Food _____ Insects _____ Other _____

Does your child carry: Epi-pen Inhaler Other _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

The following information is collected and used solely, on an anonymous basis, for granting and organizational purposes only:

Child's Name: _____

Program Name & Location/School: _____

Ethnicity: _____

New to Canada (date arrived): mm dd yyyy

Language(s) Spoken: _____

Military Family: yes no

Family Setting: Mother & Father Mother Father
 Guardian _____ Other _____
Relationship to Child

Gender: _____

Age Group: 5 yrs & under 6 – 12 yrs 13 yrs & over

Family Income: Up to \$30,000 \$30,000 to \$50,000
 \$50,000 to \$75,000 \$75,000 & over

Office use only:

Administration:

SV:

MC:

Subsidy:

ME:

Boys & Girls Clubs of Saskatoon Participants Waiver of Liability & Media Consent

Boys & Girls Clubs of Saskatoon takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, Boys & Girls Clubs of Saskatoon, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in Boys & Girls Clubs of Saskatoon programs, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc.

I, _____ **(Parent/Guardian)** of _____
(Child) consent to have my child receive services from Boys & Girls Clubs of Saskatoon and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the Boys & Girls Clubs of Saskatoon program that I have registered my child in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

ACKNOWLEDGEMENT

The above named child has my permission to participate in program activities as planned by the Boys & Girls Clubs of Saskatoon program that I have registered my child in. I waive my legal rights against Boys & Girls Clubs of Saskatoon for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled while my child is in the program**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

Parent/Guardian Signature

Date

MEDIA RELEASE

I, _____ **(Parent/Guardian)** give permission for my child _____ to appear in photographs, video and/or audio that may be used in the promotional materials of Boys & Girls Clubs of Saskatoon. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Boys & Girls Clubs of Saskatoon, Boys & Girls Clubs of Canada and/or external partners. **No names will ever be used in association with a child's image without written permission of the parent/guardian.**

By my signature as parent/guardian for _____ **(child)** I give permission to Boys & Girls Clubs of Saskatoon to use any image taken during a Boys & Girls Clubs of Saskatoon program for any of the purposes as described above.

Parent/Guardian Name (printed) and Signature

Date

The Boys & Girls Clubs of Saskatoon Participants Waiver of Liability and Media Consent applies to Boys & Girls Clubs of Saskatoon Before & After School Programs for the 2018/2019 school year.

GENERAL PAYMENT INFORMATION

Boys & Girls Clubs of Saskatoon will discuss your account only with the person/people listed below. The person/people listed below are responsible for payment of the account and will be issued with a receipt for payments received for services that were provided by Boys & Girls Clubs of Saskatoon. All receipts for income tax purposes, will be issued by February 28, 2019. Please note that receipts issued will only include payments that were made during 2018.

Program Name & Location/School: _____

Parent(s)/Guardian(s) Name(s): _____

Child(ren)'s Name(s): _____

Address: _____

City: _____ Postal Code: _____

Cell Phone # _____ Home Phone # _____ Work Phone # _____

Please provide an email address for receiving invoices & receipts for income tax purposes – all invoices and tax receipts are emailed only.

Email Address: _____

Boys & Girls Clubs of Saskatoon's Methods of Payment (*we do not accept payments by cash or cheque*):

- Pre-authorized Direct Debit Void Cheque Attached
- Pre-authorized Credit Card Payment Previously set up for pre-authorized Debit or Credit Card Payments

<input type="checkbox"/> Visa	Card Number & Cardholder's Name:	Expiration Date:	3 Digit Number:
<input type="checkbox"/> MasterCard			

By signing this page you authorize Boys & Girls Clubs of Saskatoon to debit your bank account or credit card for monthly fees. Payments will be withdrawn from your account on your choice of the 15th or the 25th of the month. Depending upon your bank, the fees will come out of your account 1 – 3 business days after. Please ensure sufficient funds are available. **There will be a \$25 charge for all declined payments.**

Preferred withdrawal date: 15th of the month 25th of the month

Parent/Guardian Name (printed) and Signature

Date

Overdue Accounts:

- If your invoice has not been paid by the last day of the month, your account is considered overdue. Your next invoice will reflect a late charge of \$5.00, with a reminder that if your payment is not made within 14 days, your child(ren) will be suspended from the program until your account is settled.
- If your account is still not settled, or if no payment arrangements have been, a final letter requesting payment will be sent. You will have 10 days to settle your account in full, or your account will be closed and sent to collections, and you will no longer be able to use the program.

It is your responsibility to notify and to provide Boys & Girls Clubs of Saskatoon with correct information and with any changes to the above information.