



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

2019/2020 Mini Club Program

School Attending: _____

Boys & Girls Clubs of Saskatoon is a non-profit organization dedicated to serving children and youth in Saskatoon & area. This program is designed to help families gain or maintain employment or attend educational classes. The families who would like to use this program will be selected according to the information provided on this form. We strive to provide this program to families who, without the program, would not be able to work or attend classes. In order to fulfill our funding requirements, we need families to fill out the following information (please note that the information is shared with our funders anonymously):

Parent/Guardian Name: _____

Child(ren) Name(s): _____

Phone Number(s): Cell: _____ Work: _____ Other: _____

Current Employment:

- Employed Full Time Employed Part Time Actively Seeking Employment

Income:

- up to \$30,000 \$30,000 - \$50,000

Educational Classes (currently attending or applying for):

- Secondary Post-secondary G.E.D. E.A.L.

Name of Educational Institution: _____

Are you able to become employed or attend educational classes as a direct result of your child(ren) being able to attend the Mini Club Program? Yes No

Other information you would like to include regarding your family situation:

Declaration: By my signature, I declare that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

If you have any questions or concerns, please feel free to contact our office at 306-244-7820.



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2019/2020 Mini Club Program Registration Form

School Attending: _____

PARENT/GUARDIAN Child(ren)'s Primary Residence

Name: _____

Address: _____

Postal Code: _____

Cell Phone #: _____

Other Phone #: _____

Work Phone #: _____

Email: _____

PARENT/GUARDIAN Child(ren)'s Primary Residence

Name: _____

Address: _____

Postal Code: _____

Cell Phone #: _____

Other Phone #: _____

Work Phone#: _____

Email: _____

Child(ren)'s Name:

Gender:

Birthdate & Grade:

mm dd yyyy grade

mm dd yyyy grade

mm dd yyyy grade

mm dd yyyy grade

Has your child(ren) previously attended Boys & Girls Clubs of Saskatoon programs? Y / N

Does your child have siblings that have previously used or are currently attending programs with Boys & Girls Clubs of Saskatoon that are not on this form? Y / N

**If yes, please enter sibling names: _____

Please answer the following:

1. My child(ren) will attend mornings: 4 – 5 times per week
 2 – 3 times per week
 less than 2 times per week
2. 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(ren) 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 Mini Club 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 child(ren) 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(ren)	Cell Phone #	Other #

Please Note: Everyone picking up child(ren) 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(ren). 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(ren), 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(ren):

Name & Relationship to Child(ren)

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: _____

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: _____

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: _____

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(ren)'s Name(s): _____

Program Name & Location/School: _____

Ethnicity: First Nations Metis Other: _____

New to Canada (have lived in Canada for 5 years or less - date arrived): mm dd yyyy _____

Language(s) Spoken: _____

Does your Child(ren) attend French Immersion School? yes no

Military Family: yes no

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

Current Employment:

Employed Full Time Employed Part Time Unemployed

Income:

up to \$30,000 \$30,000 - \$50,000

Educational Classes (currently attending):

Secondary Post-secondary G.E.D. E.A.L.

Name of Educational Institution: _____

Are you able to become employed or to attend educational classes as a direct result of your child(ren) being able to attend the Mini Club Program? Yes No

<p><u>Office use only:</u></p> <p>Administration: <input type="checkbox"/></p> <p>SV: <input type="checkbox"/></p> <p>MC: <input type="checkbox"/></p> <p>Subsidy: <input type="checkbox"/></p> <p>ME: <input type="checkbox"/></p>

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(ren). 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(ren) in Boys & Girls Clubs of Saskatoon programs, you are accepting risk that your child(ren) 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(ren) with any necessary safety equipment such as proper shoes, clothing etc.

I, _____ (Parent/Guardian) of _____
Child(ren) consent to have my child(ren) receive services from Boys & Girls Clubs of Saskatoon and am registering my child(ren) 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(ren) 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(ren) has my permission to participate in program activities as planned by the Boys & Girls Clubs of Saskatoon program that I have registered my child(ren) 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(ren) 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(ren)** _____ to appear in photographs, video and/or audio that may be used in the promotional materials of Boys & Girls Clubs of Saskatoon. My child(ren)'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(ren)'s image without written permission of the parent/guardian.**

By my signature as parent/guardian for _____ **child(ren)** I give permission to Boys & Girls Clubs of Saskatoon to use any image/video 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 Mini Club Programs for the 2019/2020 school year.