

REGISTRATION FORM

Pré-Maternelle Bonjour Preschool



Boys & Girls Club
of Kamloops
A good place to be

Personal Information and Confidentiality: Your personal information is collected for (1) registration purposes to ensure that we provide a safe and supportive environment for your child, and (2) for completing demographic and statistic reports for our funders. We respect the privacy of all our members. The information you provide is confidential and will not be shared without your written permission. To learn more about our privacy policy, please visit www.bgckamloops.com or speak to a member of our administration team. If you have any questions or concerns about this form, we're happy to help.

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name(s): _____

Address: _____ City: _____ Postal Code: _____

Date of Birth (month/day/year): _____

Gender: _____ Height: _____ Weight (lbs): _____ Hair Color: _____ Eye Color: _____

Swimming Ability: ☐ Strong ☐ Capable ☐ Weak ☐ Non-Swimmer

Primary Language Spoken: _____ Other Languages Spoken: _____

Indigenous: ☐ Yes ☐ No If yes, please note ancestry: _____

New Canadian: ☐ Yes ☐ No Date arrived in Canada? (month/day/year): _____

Refugee: ☐ Yes ☐ No Military Family: ☐ Yes ☐ No

Ethnic Origin: _____

Member Lives With:

- | | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Youth Agreement |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Guardians | |

Is there a custody order involved? ☐ Yes ☐ No

**If yes, a custody order MUST be attached.*

MEDICAL INFORMATION

BC Health Care Card # (MANDATORY): _____

Family Doctor's Name: _____ Phone Number: _____

To the best of your knowledge, your child's immunizations are up-to-date: ☐ Yes ☐ No

Other professionals involved in your child's care (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Psychiatrist _____ | <input type="checkbox"/> Nurse _____ | <input type="checkbox"/> School Professional _____ |
| <input type="checkbox"/> Psychologist _____ | <input type="checkbox"/> Support Worker _____ | <input type="checkbox"/> Counsellor _____ |
| <input type="checkbox"/> Social Worker _____ | <input type="checkbox"/> Probation Officer _____ | <input type="checkbox"/> Other: _____ |

PLEASE NOTE: If you answer 'yes' to any of the questions below, a *Care Plan* is required to best support the health and safety of your child. A staff member will contact you shortly.

Does your child have a condition that has been diagnosed by a medical professional? ☐ Yes ☐ No

If yes, please describe below:

Does your child take any medications? ☐ Yes ☐ No

If yes, please list the medications and dosages below:

Are Boys and Girls Club staff required to administer your child's medication? ☐ Yes ☐ No

Does your child have any health, physical limitations, or special considerations that our staff team should be aware (e.g., behavioural concerns, injuries, emotional sensitivities, disabilities, recent loss, seizures, food allergies, vegetarian, etc.)? ☐ Yes ☐ No

If yes, please explain:

CONTACTS

PARENT OR LEGAL GUARDIAN

Last Name: _____ First Name: _____

Email Address: _____

Best Phone Number(s) To Reach You: _____

Preferred Way to Contact You: ☐ Phone _____ ☐ Email ☐ Text _____

Mailing Address (if different from child's): _____

City: _____ Province: _____ Postal Code: _____

Relationship to Member (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father | <input type="checkbox"/> Guardian | |

PARENT OR LEGAL GUARDIAN**Last Name:** _____ **First Name:** _____**Email Address:** _____**Best Phone Number(s) To Reach You:** _____**Preferred Way to Contact You:** ☐ Phone _____ ☐ Email ☐ Text _____**Mailing Address (if different from child's):** _____**City:** _____ **Province:** _____ **Postal Code:** _____**Relationship to Member (please check all that apply):**

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father | <input type="checkbox"/> Guardian | |

EMERGENCY CONTACTS**1ST EMERGENCY CONTACT****Last Name:** _____ **First Name:** _____**Email Address:** _____**Best Phone Number(s) To Reach Them:** _____**Mailing Address (if different from child's):** _____**City:** _____ **Province:** _____ **Postal Code:** _____**Relationship to Member (please check all that apply):**

- | | | |
|--|--|--|
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Guardian | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager/Worker |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Other Family | |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Social Worker | |

2ND EMERGENCY CONTACT**Last Name:** _____ **First Name:** _____**Email Address:** _____**Best Phone Number(s) To Reach Them:** _____**Mailing Address (if different from child's):** _____**City:** _____ **Province:** _____ **Postal Code:** _____**Relationship to Member (please check all that apply):**

- | | | |
|--|--|--|
| <input type="checkbox"/> Authorized Pickup | <input type="checkbox"/> Guardian | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Manager/Worker |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Other Family | |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Social Worker | |

WAIVERS

(Please check the appropriate boxes below)

PERMISSION TO TRANSPORT

I give permission for my child to travel in vehicles operated by Boys and Girls Club of Kamloops staff for the purposes of pickups, field trips, outings, and emergencies. I understand that the driver is fully qualified to operate Club vehicles and that seatbelt use is strictly enforced.

☐ I have read, understand, and agree to the above statement.

VISUAL IMAGE PERMISSION

I give my permission for my child to be included in visual images (e.g., photos, videos, etc.) that may be used for Boys and Girls Club marketing and communication purposes (e.g., website, brochures, posters, social media, television, etc.). Please note: All images will be used respectfully and will not include full names.

☐ I have read, understood, and give permission to use visual images of my child.

☐ I have read, understood, and do NOT give permission to use visual images of my child.

CHILDREN LEAVING THE CLUB

Parents/Guardians must present government issued photo ID and sign their child out of Club programs each day. You may assign alternate people as authorized pickups by completing an *Authorized Pickup Form* at the John Tod Club administration office. This form must be completed and delivered to the Club Program Area Leader before pickup, otherwise your child will not be allowed to leave the Club without an authorized person present.

☐ I have read, understand, and agree to the above statement.

MEDICAL WAIVER

To the best of my knowledge, I have fully disclosed any physical and/or health issues that could potentially affect my child's participation in Club programs or activities. I authorize the Club staff to obtain medical advice and services as they deem necessary for the health and safety of my child. In cases where my medical consent is needed, I authorize the Boys and Girls Club of Kamloops staff to provide medical consent when all reasonable attempts to contact me, another parent/guardian of my child, or an emergency contact has failed, as well as in the case of a medical emergency when there is not enough time to contact me, another parent/guardian of my child, or an emergency contact. I accept full financial responsibility for all medical costs that exceed coverage provided by the British Columbia Medical Services Plan.

☐ I have read, understand, and agree to the above statement.

RELEASE OF LIABILITY

I acknowledge that by contracting with the Boys and Girls Club of Kamloops, I am aware of the risks involved in the activities my child/minor will be participating in at the Club. In consideration of my child being permitted to come onto the property owned, leased, or contracted by the Boys and Girls Club of Kamloops, and participate in programs and services contracted by myself, I hereby agree to release and discharge Boys and Girls Club of Kamloops' officers, servants, funders, volunteers, Club members, and employees from all liability claims and courses of action of any nature whatsoever in the event of any accident, injury, or sickness regarding my child/dependent, myself, any spouse of mine, and any member of my family arising out of such use of properties and services of the Boys and Girls Club of Kamloops.

☐ I have read, understand, and agree to the above statement.

AGREEMENT TO FOLLOW GUIDELINES FORM

Boys and Girls Club of Kamloops operates Club programs and services within the terms of their program operations and behavioural guidelines. It is required that all parents/guardians understand and comply with these guidelines. A copy of the Clubs' program guidelines will be provided upon registration and is available at the John Tod Club administration office.

☐ I agree to read and abide by the Club Programs' Guidelines and to direct any questions or concerns that I may have about these guidelines to the Manager of Program Operations: programs@bgckamloops.com or (250)-554-5437

PAYMENT INFORMATION

French Preschool fees are \$225/month/per child. Payment is charged monthly on the 15th of each month. Please choose your preferred method of payment from the following options:

- ☐ Pre-authorized Debit
- ☐ Pre-authorized Credit
- ☐ Post-dated Cheques
- ☐ Government Subsidy (**You MUST have subsidy set-up before attending Club programs. You are responsible for paying any parent portions or fees that are not paid for by subsidy.*)
- ☐ I have read, understand, and agree to the above statement

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If your child is absent, you will still be billed for the day. If you would like to change your child's enrolment days or you would no longer like your child to attend the Club, **you must provide one month's written notice.** This allows Club staff to fill your child's spot or adjust your payment options. Changes to your child's enrolment dates must be approved by the Program Area Leader. **If full notice is not given, you will be billed for one month of care from the day you made changes/left the program.**

- ☐ I have read, understand, and agree to the above statement

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You are required to pay an annual Club membership fee of \$25.00 per child at the time of registration, and every September thereafter.

- ☐ I have read, understand, and agree to the above statement

SIGNATURES

Name of Parent/Legal Guardian (please print): _____

Signature of Parent/Legal Guardian: _____

Date of Signature: _____

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