



**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.
- 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 monthly or semi-monthly schedule, through our Administration office 472-5112.
- At least one parent or guardian must meet with the applicable Program Manager or Lead to finalize registration for a new child. A tour of the facility will be provided at this time and any questions can be clarified.

**Contact information:**

	<b>Skyline Acres</b>	<b>Devon (Henry Park)</b>	<b>Gibson Neill Memorial</b>
<b>Address</b>	499 Canterbury Drive	248 Medley Street	67 Wyngate Drive
<b>Phone</b>	454-9237	472-4528	472-4528
<b>Assistant Program Manager</b>	Chelsea McWaid 472-4528		
<b>Program Manager</b>	Amanda Audette 454-9237		
<b>Director of Program Services</b>	Lisa Roy 472-1784		
<b>Administration</b>			
<b>Address</b>	499 Canterbury Drive	<b>Website</b>	www.fbgc.ca
<b>Phone</b>	472-5112		
<b>Office Manager</b>	Nancy McCoy	<b>Fax</b>	472-8947
<b>Executive Director</b>	Karen MacAlpine		



Monday to Friday, school dismissal to 5:30 pm

The Fredericton Boys' and Girls' Club 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  
Drama  
Fun with Computers  
Special guests

Arts & Crafts  
Exploring with Science  
Field & Gym Games  
Presentations

Group Activities  
Cultural Activities  
Field trips  
Leadership Activities



Choices are given to the children as often as possible to enhance their experience, increase the fun and to stimulate learning.

All facilities offer an arts & crafts room, a resource room with computers, a TV and dvd player, 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**

Pre-authorized Payment Rates:	Monthly	\$315	Semi Monthly	\$157.50
Family Discount	\$20 discount per month for each additional child			
If NET (after-tax) Family Income is below \$42,000	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 conformation 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:**

248 Medley Street – Behind South Devon Elementary School  
499 Canterbury Drive - Beside Liverpool Street Elementary School  
67 Wyngate Drive – Gibson-Neill Memorial Elementary School

**Registration Dates:**

**Current Members:** April 3, 2018  
**All Others:** April 16, 2018



Hello everyone!

Welcome to the Boys and Girls Club of 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.

My name is Lisa Roy and I am the Director of Program Services (472-1784 [lisa.roy@fbgc.ca](mailto:lisa.roy@fbgc.ca) ). Program Manager for all locations is Amanda Audette (454-9237 [programs@fbgc.ca](mailto:programs@fbgc.ca) ) Assistant Program Manager is Chelsea McWaid (472-4528 [devon@fbgc.ca](mailto:devon@fbgc.ca))

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. Please let us know if you need another copy, you can also find it on our website [fbgc.ca](http://fbgc.ca)

You will notice in our entry ways that we have photos of our team posted in addition to our snack menu and daily activity schedule. Notification of severe allergies / illnesses will be posted as well if there are any in your facility. Please watch for important parent notices. This is where we will post the notices that go home with your child/ren. If the notices do not make it home, you can rely on finding them on the parent board.

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. Please let us know before lunch time. 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 or departure arrangements and this includes use of taxis and 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. We require physical descriptions and names of individuals coming to pick up your child.

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

Parent involvement in our programs is encouraged! Also consider applying to be a Board Member. Your voice matters!

Wednesday Hot Lunch option is available at our Devon location- please discuss with your Program Manager. We are unable to heat up lunches/snacks. Please send necessary spoons and forks with your child/ren. Send a healthy lunch with ice packs and snacks on Wednesdays, PL Days, Storm Days and Camp Days.

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.

Indoor shoes are necessary. Winter boots 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.

A variety of evening and weekend programs will be posted on our website and at each facility. Most will be starting up in October. These programs are open to the whole community and require a separate one page registration.

Please check the lost and found often- as this collection quickly accumulates- unclaimed items are donated. Please send a change of clothes for your child (more for the younger ones). A pair of indoor shoes is a must for everyone!

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.

Sincerely, Lisa Roy, Amanda Audette, Chelsea McWaid, and the Programming Team



Attention Fredericton Boys and Girls Club Families,

### Program Fees

After-school Fees for 2018-2019 are \$75 a week billed on a monthly / semimonthly basis, and will include childcare on the designated school district closures as well as storm days as indicated below. For pre-authorized payment options, questions or concerns please contact the Administration Office at 472-5112.

We are happy to offer the \$5 **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 \$75. The second would be \$70, third would be \$70, fourth would be \$70 and so on. Information on Subsidization and financial consideration can also be discussed with Nancy.

### Storm Days & Scheduled School Closures (Pd Days)

Children are automatically signed up in advance for these services and are included in your fee. If you do not require either of these services, please let your Program Manager know. If your child is not attending or coming late on a particular storm day please call your Program Manager 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.

### Midday School Closures

We cannot accommodate midday school closures / storms midday. 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

**Again this year the Camp fee is included in your monthly fee, there is no additional charge. However, if you do not require Winter Break Camp and give notice by December 1<sup>st</sup> you may receive a week or partial week of Summer Camp free. Notice must be given directly to the Program Manager.**

Winter Break Camp Week 1: Dec 24, 27, 28 | Week 2: Dec. 31 Jan. 2, 3, 4

Withdrawal from 1 of the 2 Winter Break Camp weeks will entitle you to 50% off one week of Summer Camp; withdrawal from both Winter Break Camp weeks will entitle you to one free week of Summer Camp per child. Withdrawal from Winter Break camp must be done by December 1<sup>st</sup>.

March Break Camp March 4, 5, 6, 7, 8

### December Closure

**We will be closed December 25, 26 & January 1**

### Payment options:

All fees will be paid through pre-authorized payment (Visa, MC, Debit) Regardless of the facility your child attends, Nancy, our Office Manager, is the person who will help you with your payment arrangements. She is more than happy to assist you with any questions you may have. Nancy McCoy may be contacted at 472-5112 or [nancy.mccoy@fbgc.ca](mailto:nancy.mccoy@fbgc.ca) Nancy's Office is located at 499 Canterbury Drive. Please do not worry if transportation is an issue. Once we establish need, Nancy can make arrangements.

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



**CHILD PROFILE - New Member  
AFTER-SCHOOL PROGRAM 2018**

Appendix 11.1.11

Skyline  Devon  Gibson Neill

(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 #: \_\_\_\_\_

Address: \_\_\_\_\_ School \_\_\_\_\_

**ALLERGY ALERT: Please list your child's 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 \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACTS** (not including parents/guardians) Must live within city limits

<b>1. Name</b> _____	<b>Address</b> _____
<b>Telephone #:</b> _____	<b>Relationship:</b> _____
<b>2. Name</b> _____	<b>Address</b> _____
<b>Telephone #:</b> _____	<b>Relationship:</b> _____

\*\* 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:  
 \_\_\_\_\_

**CHILD HEALTH RECORD**

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.

**The dots (.) shown on this table illustrate the routine immunization schedule which should be followed for infants and children (less than 7 years)**

Age	DPT-P/Hib	DPT-P	Hep.B	MMR	Td-P	Td
Birth						
2 months	•		•			
4 months	•					
6 months	•					
1 year			•	•		
18 months	•			•		
4-6 years		•				

**DPT-P/hib – Diphtheria, pertussis, tetanus, polio, haemophilus influenzae type b vaccine; DPT-P – Diphtheria, pertussis, tetanus, polio vaccine; Hep.B – Hepatitis B vaccine; MMR – Measles, mumps, rubella vaccine; Td-P – Tetanus, diphtheria, polio vaccine; Td-tetanus, diphtheria vaccine**

2. Medical History: 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"/>

3a) Health Status: Please indicate if your child has any of the following:

	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"/>

3b) **Medical Treatment:** Please indicate medical treatment your child may require. Parents must see Program Manager to complete additional forms before medication can be administered.

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Instructions: \_\_\_\_\_

3c) **Emergency Treatment:** Please indicate any situation where emergency treatment and/or medication(s) may be required by your child (ie, epipen, benadryl)

\_\_\_\_\_

4. **Allergies**

a) Please list any medication allergies

\_\_\_\_\_

b) Please list any food allergies

\_\_\_\_\_

c) Any other allergies?

\_\_\_\_\_

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

\_\_\_\_\_

6. **Additional information:** Indicate if there are any activities in which your child cannot participate.

\_\_\_\_\_

**\*PLEASE NOTE THE FOLLOWING\***

**Attendance**

If your child will not be attending on any registered day, 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

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 a monthly or semi-monthly schedule.

### Provincial Subsidy Information

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

### Hours of Operation

Our After-school program runs for the 41 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.

### Storm Days, Professional Development Days, Winter Break Camp and March Break Camp

Please note – we are **not** able to accommodate midday closures and you need to notify your child’s school, in September, of your family’s plans for a midday closure.

Winter Break & March Break Camp fees are included in your monthly/semi-monthly fee, there is no additional charge. However, if you do not require Winter Break Camp and give notice by December 1<sup>st</sup> you may receive a week or partial week of Summer Camp free. Notice must be given directly to the Program Manager.

Winter Break Camp Week 1: Dec 24, 27, 28 | Week 2: Dec. 31, Jan. 2, 3, 4

Withdrawal from 1 of the 2 Winter Break Camp weeks will entitle you to 50% off one week of Summer Camp; withdrawal from both Winter Break Camp weeks will entitle you to one free week of Summer Camp per child. Withdrawal from Winter Break camp must be done by December 1<sup>st</sup>.

March Break Camp March 4, 5, 6, 7, 8

Please fill out options below:

- I do not require child care for Winter Break Camp Week 1 and my child will not attend on those days \_\_\_\_\_ (initial here)
- I do not require child care for Winter Break Camp Week 2 and my child will not attend on those days \_\_\_\_\_ (initial here)
- I do not require child care on Storm Days and my child will not attend on those days \_\_\_\_\_ (initial here)
- I require Storm Day care and will call by 9:30 am if my child will not be attending or coming late \_\_\_\_\_ (initial here)

### 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 within an hour, a child that has become ill or injured at the Club.

### Emergency Transportation Policy:

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I(we) authorize the operator, administrator or staff of Fredericton Boys’ And Girls’ Club, Inc. to take whatever emergency measures are necessary for the protection of (our) my child while in their care. I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my(our) child to a hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

**External Outing Waiver**

I (we) give permission to the Fredericton Boys’ and Girls’ Club to transport my (our) child/ren to and from external activities by public transportation. I understand that the Fredericton Boys’ and Girls’ Club will make every effort to notify me(us) in advance of the outing, but that changes to the schedule due to weather, or other factors may prohibit the Club from contacting me(us). I also understand that all field trips and outings will return to the Club by 5 pm. A schedule of planned trips will be made available to parents in advance and parents will be required to notify the Club of any trips that their child will NOT be permitted to go on.

**Publication Consent**

I (we) give permission to the Fredericton Boys’ and Girls’ Club to use pictures of my child and/or his or her first name for purposes of advertising or promoting the Club’s activities. I (we) understand that all other personal information about my (our) child will be kept private and confidential, and that photos and first names will only be used in good faith by the Fredericton Boys’ and Girls’ Club. Parents will be notified when pictures will be used for Television or Newspaper purposes. We receive funding from Canadian Tire Jumpstart that enhances / supports some of our sport and recreation programming. Part of our stewardship requirements includes sharing basis information (name and age) of our participants to a confidential portal secured by Canadian Tire Jumpstart. Please advise your Program Manager if you have any concerns.

**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: \_\_\_\_\_

From time to time we have T-shirts for the children/youth what size shirt does your child wear?

- Youth:    XS             S             M             L             XL
- Adult:        S             M             L             XL



This authorizes staff of the Fredericton Boys and Girls Club  Skyline Acres Facility  Devon Facility

to administer acetaminophen to \_\_\_\_\_ (*name of child*) providing the procedures outlined below have been taken.

1. 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 centre to confirm that he/she was consulted and is in agreement with the dosage given.

I agree with this procedure and give my consent.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



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.

**Consent for sunscreen and bug spray**

I \_\_\_\_\_ (*parent’s name*) give permission for the staff of the Fredericton Boys and Girls Club to assist applying sunscreen and bug-spray to \_\_\_\_\_. [*child(ren)’s name(s)*] I have sent a labeled bottle of sunscreen and bug-spray.

**Confirmation of intent to not use sunscreen and bug spray**

I \_\_\_\_\_ (*parent’s name*) have decided to send a hat and long sleeve shirt as I do not wish for \_\_\_\_\_ (*child’s name*) 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).

\_\_\_\_\_

\_\_\_\_\_





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***

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\* I hereby give Fredericton Boys and Girls Club Inc.(FBGC) consent to use and reproduce my child's/youth's (print name of child/youth) \_\_\_\_\_ 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***

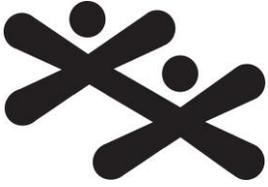
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\* If you have a safety concern regarding your child/youth and **do not** want your child's name/image used for the purposes stated above, please indicate here:  I Decline

\_\_\_\_\_  
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

With every right comes a responsibility. By taking responsibility we make the Boys and Girls Club a better place.

We ask that you read the following with your child. By signing you are all agreeing to do your part to ensure a wonderful and safe environment for everyone. We kindly thank you!

Statement of Conduct

I have a right to be heard and a responsibility to listen to others.

I have a right to a safe playground and a responsibility to use the equipment properly.

I have a right to a safe program and a responsibility to keep it safe.

I have a right to be respected and a responsibility to treat others with respect.

I have a right to know the rules and a responsibility to follow them.

Child signature \_\_\_\_\_

Parent /s signature \_\_\_\_\_

Date \_\_\_\_\_





Program Information (Please Print clearly)			
Location of Club Program :	Gibson Neill <input type="checkbox"/>	Skyline <input type="checkbox"/>	Devon <input type="checkbox"/>
Name of 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 semi monthly/monthly Please indicate: the 15 <sup>th</sup> ___ or 30 <sup>th</sup> ___ 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 PAD Agreement, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .			
Payment Information-Visa/MasterCard			
Payment type:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	
Name as it appears on the card:			
Card Number: ___/___/___/___		Expires: (mm/yyyy) ___/20 ___	
Amount to be charged to account semi monthly/monthly Please indicate: the 15 <sup>th</sup> ___ or 30 <sup>th</sup> ___ 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 PAD Agreement, contact your financial institution or visit <a href="http://222.cdnpay.ca">222.cdnpay.ca</a> .			
Fredericton Boys' and Girls Club Inc. Accounts Receivable		PO Box 3188, I Station B, Fredericton, NB, E3A 5G9 (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 <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .			
Office Use Only			
Form Approved by:			
Additional Information			