



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 at the time of registration as part of the registration process. As of April 2015 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 Director/Manager 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:

	Skyline Acres		
Address	499 Canterbury Drive		
Phone	454-9237		
Assistant Program Manager	Chelsea McWaid		
Program Manager	Amanda Audette		
Director of Program Services	Lisa Roy		
Administration Office			
Address	499 Canterbury Drive		Website www.fbgc.ca
Phone	472-5112		Fax 472-8947
Executive Director	Karen MacAlpine		
Office Administrator	Nancy McCoy		



Monday, Tuesday, Thursday, Friday, 8:30-12:00 noon | Wednesday 8:30-11:30 am

The Fredericton Boys’ and Girls’ Club has been offering programs to children in the Fredericton area since 1968. We are excited to offer our Preschool Program 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. The Children will have a daily schedule of fun filled activities.

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.

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 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.

We are excited to offer a new Outdoor Learning Classroom.

Registration Fees

Pre-authorized Payment Rates are billed monthly or semi-monthly	Full-time weekly rate (5 mornings a week)	\$55/week	Part-time weekly rate (1-4 mornings a week)	\$12/day
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.

Program Location:

499 Canterbury Drive - Beside Liverpool Street Elementary School

Registration Dates:

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



**CHILD PROFILE - New Member
PRE-SCHOOL PROGRAM 2018-2019**

Appendix 11.1.11

Skyline

(Office only) Date Received: _____ Received by: _____ Tour Date: _____		
<u>CHILD/FAMILY INFORMATION:</u>		
Name of Child _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth _____	Medicare #: _____	Expiry Date _____
Name of Family Physician: _____ Phone #: _____		
Address: _____		
<u>ALLERGY ALERT:</u> 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 email. 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.

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)

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:

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 influenza 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"/>

	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,
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 (i.e., 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.

CHILD DEVELOPMENT

To help us better understand your child, his/her interests and development, please assist us by completing the following.

1. Child's Health at Birth

Was your child more than 3 weeks premature? Yes No

If yes, how many weeks premature? _____

Did he/she stay in the hospital longer than the mother? Yes No

If yes, please explain _____

Were there any difficulties with your child at the time of delivery? Yes No

If yes, please explain _____

2. Child's Health Since Birth

EYES

Have you ever suspected that your child has vision problems?

(ie, holding books too close, constant rubbing of his/her eyes, lazy eye) Yes No

If yes, please explain: _____

EARS

Has your child had frequent ear infections? Yes No

Have you ever suspected that your child has hearing problems? Yes No

(ie, turning volume up, lack of response to voice levels)

If yes, please explain: _____

COORDINATION

Has your child ever had trouble walking, climbing, reaching, holding on to things? Yes No

Has your child ever had any significant injuries for which he/she was hospitalized? Yes No

If yes, please explain: _____

3. Child's Interests

- A. Does your Child: play with blocks, boxes, cups, or other construction toys without help? Yes No
- Use crayons and/or markers to scribble or draw? Yes No
- Listen to stories being read? Yes No
- Turn pages of a book and look at pictures? Yes No
- Recall stories or events? Yes No
- Enjoy playing alone or with imaginary friends? Yes No
- Talk with your friends/relatives who come to visit? Yes No
- Follow simple, age-appropriate directions? Yes No

How many hours a day does your child spend watching TV? _____

Are there other things you would like to tell us about your child?

B. Self Help

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

Dressing/Undressing:

Eating:

Toileting:

Handwashing/Toothbrushing:

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

How does your child communicate his needs/feelings?

C. Sleeping Habits

What is our child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping or going to bed)

Does your child require a "favourite something" to rest? What is it? Please feel free to send it with your child

D. Personality Traits

Describe your child's personality (ie trusting, shy, angry, happy, sad, curious, active, anxious, fearful, affectionate)

Has your child had opportunities to play with other children? (ie church, neighbours, play groups, relatives)?

- Yes
- No

Further comments: _____

Does your child make friends easily? Yes No

Please explain:

How does your child respond to adults?

How does your child respond to change? (ei separation from parents/guardians, routine transitions, scheduling, introduction of new foods)

Are there any hints/suggestions you could share with us to make your child's transition to the centre a positive one?

E. The "Good Things in Life"

What does your child like to do? (ie look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer/TV, imaginative play/dress-up)

What doesn't your child like to do?

The time I enjoy best during the day with my child is:

Because:

The thing that frustrates me most in trying to care for my child is:

Because:

I would describe my child as:

What I like best about my child is:

What concerns me most about my child is:

One of our favourite family activities is:

General Comments: ie expectations

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. The program start time is 8:30. Please do not drop off prior too.

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 post-dated cheques for the first week. 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 and we will return your cheques.

Hours of Operation

Our Pre-school Program days and hours are Monday to Friday drop-off is after 8:30 and pick up is by 12:00 noon (11:30 am on Wednesdays). 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.

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: _____



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).

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 (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

* 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.**

CHILD DAY CARE FACILITIES

**CONSENT FOR OUTINGS, EXCURSIONS,
ACTIVITIES OFF THE PREMISES OF THE DAY
CARE FACILITY**

I (we) _____,
the parent/guardian(s) of _____
authorize the operator, administrator, or staff of _____
to
take my (our) child on outings, excursions and
activities away from the facility, either on foot or in
a vehicle providing the driver and said vehicle are
properly insured for the carrying of passengers.

I(we) understand that I (we) will receive advance
notice of each planned outing, excursion, or activity
away from the premises.

Parent signature

Date

Parent signature

Date

**CHILD DAY CARE FACILITIES
PARENTAL CONSENT FOR EMERGENCY
CARE AND TRANSPORTATION**

Name of child: _____

Date: _____

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 _____
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 they any expenses
incurred for such treatment, including emergency
transportation is my (our) responsibility.

Parent signature

Operator / Administrator signature



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			
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 th ___ or 30 th ___ 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 www.cdnpay.ca .			
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 th ___ or 30 th ___ 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 222.cdnpay.ca .			
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 www.cdnpay.ca .			
Office Use Only			
Form Approved by:			
Additional Information			

