

Early Learning and Childcare Centre - Child Profile



___ Main Location - 1 Paul Harris Street

___ Seaside Park Elementary



Registration Date _____

Start Date _____

Child's Name		First	Last		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Medicare #		Expiry Date		
Address	Street	Apt #	City/Town		Prov	Postal Code
Parent/Guardian Name			Email Address		Home Telephone Number	
Address	Street	Apt #	City/Town		Prov	Postal Code
(if different from child's)						
Place of Work			Work Telephone Number		Cell Telephone Number	
Parent/Guardian Name			Email Address		Home Telephone Number	
Address	Street	Apt #	City/Town		Prov	Postal Code
(if different from child's)						
Place of Work			Work Telephone Number		Cell Telephone Number	
Does your child require an E.A. st school?			Language Spoken at Home			
Yes ___ No ___						
Child's Living Arrangement						
Other than you, who has permission to pick up your child?						
Name	Relationship		Address		Daytime Phone # N	

Two emergency contacts (other than parents/guardians)

Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached			
Name	Relationship	Address	Daytime Telephone Number

If changing pick up arrangements parents must inform the facility prior to the child being picked up.

Is there anyone who does not have permission to pick up your child?
Name _____
Name _____

Appropriate paperwork such as custody papers must be attached if a parent is not permitted to have contact with the child. Please discuss with the operator/administrator.

Child's Health Record

ALLERGY ALERT: Please list any serious allergies _____
Are any allergies severe enough for an EpiPen? _____
Name of Medical Practitioner _____
Phone Number _____
Address _____

Health Status: Indicate if your child has any of the following:					
	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		
Ongoing Medical Treatment: Please indicate any ongoing medical treatment your child may need (you will be required to complete an Administration of Medication form)					
Name of Medication			Dosage		
Condition being treated _____					
Immunizations: Has your child been immunized? Yes ____ No ____					
If no, waivers are needed for exemptions:					
<ul style="list-style-type: none"> - a medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or - a written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister. 					
Are there any activities in which your child cannot medically participate? _____					
Please list any dietary restrictions (including those for medical, cultural, religious reasons): _____					

Please advise the operator/administrator immediately of any changes to your child's health.

Childcare Information

Are there any hints/suggestions that will make your child's transition to the facility a positive one?
Tell us a few things about your child
What does your child like to do? (i.e. books, music, toys, climb/run/jump, paint, computer, imaginative play)
Is there anything else you would like to share with us about your child?

Consent for emergency care and transportation

If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.

I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Administration of acetaminophen consent

<input type="checkbox"/> Yes	I give consent for acetaminophen to be administered to my child providing I have been contacted first to provide oral consent and to indicate the dosage.
<input type="checkbox"/> No	On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent.
	I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour).
	Reason: Fever above _____ Celsius Body ache _____
	Other _____

Parent/Guardian Signature

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Information on this form is to be verified for accuracy annually.
Please immediately advise the operator/administrator of any changes.

PLEASE PRINT

Child's Name: _____

Service(s) Required

Full Time Member

- \$85 per week
- Child's space in the afterschool program is guaranteed
- Evening Program membership fee included
- \$11 additional for full day school closure
- \$120 per week for Summer Day Camp; fee based on attendance

Part Time Member

- \$20 per day (Per-day fee only; There is no discounted weekly rate)
- Child's space in the program is not guaranteed.
- The Club reserves the right to fill a part-time member's spot with a full-time member.
- \$11 additional for full day school closure
- \$31 per day for Summer Day Camp; fee based on attendance

Before School Care

- \$30 per week

Transportation Authorization

I (we) give permission for the Club staff to pick up my child and/or take my child on outings away from the premises; either by foot or Club vehicle. I (we) understand that the vehicles and drivers will be properly licensed and insured.

In the case bad weather (i.e. snowstorms) and school is dismissed early, I give permission for the Club staff to pick up my (our) child from school. Also, if I choose to utilize other means of transportation companies, I do so at my own risk and will not hold the Club responsible for this transportation.

Parents Signature

Grade	Child's School
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Consent for Release of Information

I (we), the parents/guardians of the child listed above, authorize the operator, administrator, or staff of the Boys & Girls Club of Saint John childcare program to release information about my child to schools or other agencies only when deemed necessary. I (we) understand that I (we) will be contacted prior to this information being passed on and I (we) reserve the right to say no. I (we) also understand that the afterschool program staff will do everything possible to protect the privacy and confidentiality of my child's information.

In addition, I (we) understand that non-payment of fees is not private information and may be released without consent to other afterschool program operators or other applicable agencies.

Parents Signature

Photo Release Consent:

- I attest that I am a parent or legal guardian of the child listed above. I hereby authorize the Boys & Girls Club of Saint John to publish the photographs taken of my child for use in the Boys & Girls Club of Saint John's promotional purposes. (Example: Website, Facebook page, Annual Report, Newspaper etc.)
- I release the Boys & Girls Club of Saint John from any expectation of confidentiality for the undersigned minor children and myself and attest that I have the authority to authorize the Boys & Girls of Saint John to use the photographs.
- I acknowledge that since participation in publications and websites produced by the Boys & Girls Club of Saint John is voluntary, neither the minor children nor I will receive financial compensation.
- I further agree that participation in any publication and website produced by the Boys & Girls Club of Saint John confers no rights of ownership whatsoever. I release the Boys and Girls Club of Saint John, its board of directors and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor children.

I agree

I disagree

2 sided form



Understanding of Health/Illness Policies

I (we) understand that the health and well-being of our children attending our childcare program is top priority. I (we) understand that when my (our) child becomes ill while at the Club, the following will take place (as noted in the handbook):

1. I (we) will be contacted if the circumstances warrant. (see handbook)
2. I (we) must and will pick our child up from the program within one hour of notification and I may have to complete a "Potential Illness Report Form".
3. I (we) will exclude our child from the program for as long as is necessary. (see handbook)
4. I (we) will complete the "Return After Exclusion" form as required to verify that all exclusion requirements have been met.
5. I (we) will notify the staff if my child will be absent and will provide the reason why.
6. I (we) understand all of the program's health policies as written in the handbook.
7. I (we) have read and understand the "New Brunswick Child Day Care Facility Exclusion Reference Guide" and the "Managing Illness in Child Day Care Facilities Parent's Role" pages included in our handbook.
8. I (we) agree to call the Club with information regarding the reasons why my child is absent.

Parents Signature

Early Learning and Childcare Waiver of Liability

In consideration of acceptance of this application in the Boys & Girls Club of Saint John, Inc. early learning and childcare program, I (we) the parent/legal guardian of the child listed above, our heirs, executors, administrators, successors and assigns waive and release any and all rights and claims for damages we have or may have against The Boys & Girls Club of Saint John, Inc., volunteers, directors, agents or their representatives, successors and assigns for any and all injuries, accidents, mishaps or illness which may directly or indirectly result from any participation in the afterschool program offered by the said Club and activities associated with those programs as determined in the sole discretion of the Club.

- I acknowledge and understand the Boys & Girls Club of Saint John, Inc. shall not be responsible for my child before 1:30pm and after 6:00pm for after school and 7:30am-6:00pm for Summer Day Camp Monday to Friday, unless otherwise scheduled.

Parents Signature

Communication:

E-mail is our primary method of communication. Please provide an email address that will be checked on a regular basis for cancellations, program updates, schedules and important reminders.

Provide any email addresses you would like to have included in our email distribution list.

If you do not provide an email, you will need to regularly check our website or on-site bulletin board for parent memos.

Written Statements of Service

I (we) the parents/legal guardians of the child listed at the top of this form, have read, understand and agree to comply with all of the Club's written statements of service in this Parent/Guardian Handbook.

I understand that it is my responsibility as a parent to immediately notify the staff of any changes to the information provided in the child profile form and the waiver of liability form with regards to pick-up authorization and immunization records.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Forms Received By: _____ Date received: _____

Payer & Child information entered into ProCare



Boys & Girls Club
of Saint John

**EARLY LEARNING & CHILDCARE DECLARATION
PARENT/GUARDIAN STATEMENT**

I, _____ have registered my child in the Boys & Girls Club of Saint John, Inc. _____ program. I have reviewed copies of the following documents and I fully understand all the content of the documents.

Documents include:

1. Parent/Guardian Handbook (medications, health & exclusion, late pick-up)
2. Waiver & Photo Release Form
3. Client Information Change Form
4. Pre-Authorized Debit Form

Parent/Guardian Signature

Date



Easy Pay Program ~ Pre -Authorized Debit (PAD) Details

_____ Main Location - 1 Paul Harris Street

MUST BE COMPLETED AT THE START OF EACH NEW PROGRAM

_____ Seaside Park Elementary

or ANYTIME A CHANGE TO BILLING IS MADE (i.e. adding a new account or changing payment frequency)

NOTE: This form MUST be completed in full regardless of shared costs to complete the registration process.

Child/children's Names: _____

Parent's Name: _____

Telephone Number: (_____) _____

PLEASE CHECK ALL THAT APPLY:

Registration: Part-time Full-time

Program: Afterschool Early Morning (Main Location Only) Summer Day Camp

Program Start Date: _____

I authorize The Boys and Girls Club of Saint John Inc. to debit my account

Weekly – Payments will be debited on Friday (Main Location Only) First Payment Date: _____

Bi-Weekly – Payments will be debited on Friday First Payment Date: _____

There is no bi-weekly payment option for summer program (weekly payments only in summer).

If your fees are being cost shared with another payer, please provide details:

Social Development (DAP) \$_____/day

Family Protection \$_____/day

Other: _____ \$_____/day

Social Development or Family Protection clients ONLY:

____(initial) I understand that my bank account will be debited the full amount owed if the Club does not receive the new requisition from Social Development.

Choose one method of payment by filling out the required information

Pre-Authorized Debit (PAD)

The treatment of each withdrawal will be the same as if you personally issued a cheque.

Transit # _____ Inst. No. _____ Account No. _____

Attach blank void cheque or bank information sheet

PLEASE NOTE: THERE WILL BE A \$40.00 CHARGE FOR NSF CHEQUES

 Credit Card #: _____

VIN #: _____ (found on back of card) Expiry Date: _____

Name of Card: _____

Changes or cancellations: You may revoke your authorization or change your payment plan at any time, in writing to the Registrar, at least **10 days prior** to the next scheduled debit. _____ (initial)

You have certain recourse rights if any comply with this agreement. For example you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For more information on your recourse rights contact your financial institution or visit www.cdnipay.ca

Signature

2019/20 Seaside Park After School Payment Calendar

August 2019						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2019						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2020						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29


March 2020						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Payment Information

 Shaded Dates indicates payment dates for after school care

- August 30th is the first after school payment
- June 5th is the last after school payment

