

# Seaside Park

## Appendix 1 - Child Profile



Early Learning and Childcare Facility  
Child Profile

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	
Child's Living Arrangement					
<b>Other than you, who has permission to pick up your child?</b>					
Name	Relationship	Address		Daytime Telephone Number	

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

<b>Is there anyone who does not have permission to pick up your child?</b>
Name _____
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.

<b>Two emergency contacts (other than parents/guardians)</b>			
<b>Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached</b>			
Name	Relationship	Address	Daytime Telephone Number

**Child's health record**

<b>ALLERGY ALERT: Please list any serious allergies</b>
_____
_____
<b>Are any of the above allergies severe enough to require Epipen, medications, or emergency treatment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please complete an Allergy Management and Emergency Plan available from the operator.</b>
Please list any food, medication or contact allergies (non-life threatening)
<b>Does your child require any essential routine services on a regular basis as part of a daily routine such as, catheterization, special hygiene procedures, on-going administration of medication, or ongoing observation of certain health conditions, such as diabetes, to determine when intervention is needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please complete an Essential Routine Services and Emergency Plan available from the operator.</b>
Name of Medical Practitioner _____
Telephone Number _____
Address _____

<b>Medical History:</b> Please indicate if your child has had any of the following:					
	Yes	No		Yes	No
Measles			Rubella		
Mumps			Chicken Pox		
Meningitis			Pertussis (Whooping Cough)		
<b>Health Status:</b> Indicate if your child has any of the following:					
	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		
<b>Ongoing Medical Treatment:</b> 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					
Name of medication			Dosage		
Condition being treated					
<b>Immunizations:</b> In accordance with subsection 12(2) of the <i>Reporting and Diseases Regulation - Public Health Act</i> , proof of immunization must be provided for each child attending an early learning and childcare facility for the following:					
diphtheria	rubella	mumps			
tetanus	varicella	measles			
polio	meningococcal disease	Haemophilus influenza type B			
pertussis	pneumococcal disease				
<b>Where proof is not provided you must have the following waivers:</b>					
- 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.					
<b>Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.</b>					
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.

**Preschool/childcare history**

Has your child attended preschool/childcare before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, for how long? 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> more than 2 years <input type="checkbox"/>
If yes, please describe your child's experience:

**Child development**

<b>Self Help: Does your child need help with the following? If yes, in what way?</b>	
Dressing/Undressing:	
Eating:	
Toileting:	
Handwashing/Toothbrushing:	
Other: (ie: gross and/or fine motor skills)	
<b>Are there any hints/suggestions that will make your child's transition to the facility a positive one?</b>	
<b>Tell us a few things about your child</b>	
What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer, imaginative play/dress-up)	
<b>Is there anything else you would like to share with us about your child?</b>	
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

**Transportation Authorization**

I (we) give permission for the afterschool staff to 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.

\_\_\_\_\_  
Parents Signature

**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 afterschool 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

**Understanding of Health/Illness Policies**

I (we) understand that the health and well-being of our children attending the afterschool 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

2 sided form



**Afterschool Program Waiver of Liability**

In consideration of acceptance of this application in the Boys & Girls Club of Saint John, Inc. afterschool program at Seaside Park Elementary School September 2018 – June 2019, 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 Monday to Friday, unless otherwise scheduled (i.e. school closure days).

\_\_\_\_\_  
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 afterschool 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: \_\_\_\_\_

- Deposit of \$25.00 Received
- Payer & Child information entered into ProCare



Boys & Girls Club  
of Saint John

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**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

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Parent/Guardian Signature

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Date



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

**MUST BE COMPLETED AT THE START OF EACH NEW PROGRAM**

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

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

Registration:  Part-time  Full-time

Location:  Main Club (1 Paul Harris)

Seaside Park

Program:  Afterschool

Program Start Date: \_\_\_\_\_

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

Social Development (DAP) \$ \_\_\_\_\_/day

Family Protection \$ \_\_\_\_\_/day

Other: \_\_\_\_\_ \$ \_\_\_\_\_/day

I authorize The Boys and Girls Club of Saint John Inc. to debit my account for the amount of \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature

**Changes or cancellations:** You may revoke your authorization or change your payment plan at any time, in writing to the Finance Director, 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.cdnpay.ca](http://www.cdnpay.ca)

**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 black void cheque or bank information sheet

PLEASE NOTE: A \$25 ADMIN FEE WITH APPLY FOR NSF PAYMENTS

  Credit Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Office Use Only:

First pre-authorized payment date: \_\_\_\_\_

Parent has paid \$ \_\_\_\_\_ in cash to cover first \_\_\_\_\_ weeks



2018/19 Seaside Park Payment Calendar

September 2018						
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 2018						
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 2018						
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 2018						
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 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		

February 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		

March 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						

April 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				

May 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	

June 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						

☐ Shaded dates indicate payment date for after school care

August 31<sup>st</sup> 2018 is the first after school payment date

June 7<sup>th</sup>, 2018 is the last after school payment date