

Dear Parents/Guardians,

- Cost is \$45.00 per child per week. Additional discount available for families registering more than one child.
- Program doors open at 2:45pm and we close at 5:30pm (Buckmaster Circle) 6:00pm (Mundy Pond)
- **Monthly payments must be made in full at the beginning of each month. Payment can be made by cash, credit, debit, or e-transfer (EMT)**
- Income – based subsidy is available. To apply, please submit a subsidy application along with an Option C or Notice of Assessment for each adult who financially supports the registered child. You may apply through Colby or Tyler.
- Our program fills up quickly and we accept registration on a first come first serve basis. We do have a waitlist if you are unsuccessful in registering. While there is no guarantee, we can see cancellations throughout the school year and may be able to offer spots to families on our waitlist.
- If your child will be taking medication during the hours of 2:45-6:00 at our program, we require parents/guardians to fill out a Medical Authorization Form.
- If your child is sick, we ask that you keep them home. Any child who appears ill while at our program will be sent home.
- Each day after school, BGC will provide a healthy snack and milk to all members.
- BGC Mundy Pond will now offer an ASP Walking Program to our new facility. You must sign up for this program to avail of this service, please see “ASP Walking Program” form.

**Necessary items for registration:**

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|---|---|
| <input type="checkbox"/> After-School Program Registration Form             | <input type="checkbox"/> Medical Authorization Form (If Applicable) |
| <input type="checkbox"/> Subsidy Application and Notice of Assessments      | <input type="checkbox"/> Payment in Full of September               |
| <input type="checkbox"/> Welcome Letter (Emailed to you After Registration) |   |

If you have any questions or concerns, please do not hesitate to contact our Program Managers:

Mundy Pond Tyler Powell 579-0181 ext. 301 <a href="mailto:tpowell@bgcstjohns.ca">tpowell@bgcstjohns.ca</a>	Buckmaster’s Circle Colby Bennett 579-0181 ext. 208 <a href="mailto:colby.bennett@bgcstjohns.ca">colby.bennett@bgcstjohns.ca</a>
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|--|---|
| <input type="checkbox"/> Mundy Pond Location | <input type="checkbox"/> Buckmaster’s Circle Location |
|--|---|

**Registration is only complete when all forms are completed. Payment is required for September, upon registration. Payment is required at the start of each month thereafter.**

Member information:

**Member's First Name:**

**Member's Middle Name:**

**Member's Last Name:**

**Member's Birth Date**

(Day/Month/Year):

**Member's Age:**

**Gender:**  Male

Female

Non-binary

**School Attending:**

**School Grade September:**

Other: \_\_\_\_\_

**Home Address:**

**Town/City:**

**Postal Code:**

**BIPOC (Black, indigenous, person of colour):**

Yes  No

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Medical Information:

**MCP:**

**List all medical/behavioral history (asthma, allergies, ADHD, etc.):**

**Medications your child is currently taking and administrating directions:**

**Required to take medication while at Club**

Yes  No

**\*If yes must fill out medical authorization form upon registration**

**Parent/Guardian Information:**

**Parent/Guardian Name:**

**Relationship with member**

**Single:**

Yes  
 No

**Home Address:**

**Town/City:**

**Postal Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Parent/Guardian Name:**

**Relationship with member**

**Single:**

Yes  
 No

**Home Address:**

**Town/City:**

**Postal Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Additional Emergency Contact Information:**

<b>Emergency Contact Name:</b>	<b>Relationship with member:</b>	<b>Can pick up my child from Club:</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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<b>Emergency Contact Name:</b>	<b>Relationship with member:</b>	<b>Can pick up my child from Club:</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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<b>Emergency Contact Name:</b>	<b>Relationship with member:</b>	<b>Can pick up my child from Club:</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Walk HOME Consent:**

I wish to allow my child to depart from BGC St. John's programs at the end of the day **without** being accompanied by a parent/guardian.

I fully accept all responsibility for my child's safety once programming has finished. I agree to indemnify and hold harmless BGC St. John's from any loss, injury, claim, damage, accident, or cost, which may result from my child's departure

Yes  No

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**Media Consent:**

I give consent to have videos/photos/film/audio of my child recorded and used in promotional materials (ex. Newspapers, Facebook, program brochures, promotional video, etc.) of BGC Canada and its member Clubs, and/or external partners.

I accept  I decline

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**Rules of Conduct:**

1. **No fighting, bullying, stealing, vandalism, etc. of any kind.**
  2. **No foul language and/or rude behaviour.**
  3. **We encourage healthy eating. Please keep this in mind when packing lunches/snacks.**
  4. **All personal electronic devices are to be kept in camp bags or left at home.**
  5. **BGC St. John's is not responsible for lost or stolen items. Please do not bring valuables to Club.**
  6. **Smoking is not permitted in or around the Club.**
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**Waiver:**

I give permission for my child to attend and participate in all activities and outings associated with BGC St. John's programs. I understand that if my child does not follow the rules and regulations, the Club reserves the right to revoke their membership.

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**Parent/Guardian Signature**

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**Date**