



Boys & Girls Club
of Spryfield

2009-2010 After School Registration

Processing Fee \$25.00 Paid _____

(Covers all fees for applications including in-service days, March break, summer camps, special events, etc. for one full year)

Very Important: You must be the custodial parent/s or Legal Guardian of said child in order to complete this form

Child's Name _____ Age _____
 Date of Birth _____ Sex Male () Female ()
 Address (street) _____ Apt# _____
 (City) _____ Postal Code _____
 Health Card # _____ Family Doctor _____ Dr. Phone # _____
 Transportation to club: _____
 School Attending: _____ Teacher: _____ Grade: _____

Parent/s or Legal Guardian of Child

Name _____	Name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Home/Cell phone # _____	Home/Cell phone # _____
Work phone # _____ Ext: _____	Work phone # _____ Ext: _____
Other phone# _____	Other phone# _____

If you would like have our monthly calendar & newsletter emailed to you please give your email address below:

Emergency Contact (other than those listed above)

1. Name: _____ Relationship to Participant _____
 Home # _____ Work # _____ Extension # _____ Cell # _____

2. Name: _____ Relationship to Participant _____
 Home # _____ Work # _____ Extension # _____ Cell # _____

Picked up by other than these listed above:

Name: _____ Phone# _____
 Name: _____ Phone# _____

Is the Participant permitted to walk home at the end of the program each day? Yes ___ No ___

Walking on Own: Yes ___ No ___

Has the participant been involved in programs with the Boys and Girls Club of Spryfield before?

Yes ___ No ___ Year ___ Program _____

Medical History

Does the participant require medication? Yes ___ No ___ if yes, please explain why needed: _____

Do you require medication to be administered or stored by staff during the program? Yes ___ No ___

*** Please continue this form on the back.

Does the participant have any allergies? (Food/drug/environmental, etc.) Yes ___ No ___
If yes, please indicate each and the treatment required: _____

Does the participant have a life-threatening allergy? (Anaphylaxis) Yes ___ No ___

Does the treatment for this allergy involve the use of an epi-pen? Yes ___ No ___

If the program requires Boys and Girls Club staff to administer or store medication (prescription or non-prescription) to remain in attendance, obtain the necessary medical forms from the Office Assistant. These forms need to be filled out by a parent/guardian and family doctor and returned to the Club prior to the start of the participant's program.

Notes: Please tell us if your child has any medical or emotional concerns that we should know about, i.e.: ADHD, OCD, ODD or other psychological or emotional outbursts or any other related concerns where special attention or support may be required?
If so Please give details. _____

Please check Yes or No if we may contact you to volunteer for fundraising events Yes ___ No ___

Activities

I give my consent for the Boys and Girls Club of Spryfield for the following:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Photo/Video/Voice Recording | <input type="checkbox"/> Painting | <input type="checkbox"/> Gym sports |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Water Colors | <input type="checkbox"/> Homework Zone |
| <input type="checkbox"/> Walking Trails | <input type="checkbox"/> Clay | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Face Painting | <input type="checkbox"/> Bus Trips | <input type="checkbox"/> Other _____ |

Signature of Parent / Guardian

Date

RELEASE, WAIVER AND INDEMNITY

In consideration of my being permitted to participate in the Boys and Girls Club of Spryfield activities I , on behalf of myself, my heirs, executors, administrators, successors and assignee waive, release and forever discharge any and all claims that I may have against the Boys and Girls Club of Spryfield, their officers, directors, employees, members, volunteers, agents or sponsors, or any one or more of them or their executors, administrators, heirs, next-of-kin, successors or assigns (the Releasees), including any and all claim for costs and expenses and demands in respect of death, injury, loss or damage occurring during the activities to my person or property, howsoever caused, including any and all complaints for damage caused by negligence of any of them arising out of the related activities.

I here indemnify and hold harmless the Releasees and each of them against any such claim that I , my executors, administrators, heirs, next-of-kin, successors or assigns may have or assert and against any and all costs with respect thereto.

By submitting this form, I acknowledge having thoroughly read this membership form, I also understood and agreed to the above waiver, release and indemnity.

Signature of Parent / Guardian

Date

Dates: September 2, 2009 – June. 29, 2010

Hours: Monday – Friday 3:00pm to 6:00pm

Fees: After School Program \$20.00 per week – Walk & ASP \$50.00 per week

Family Rate: Third child is half price



Boys & Girls Club
of Spryfield

11 Aldergrove Drive, Halifax
Phone: (902) 477-9840
Mailing Address: c/o Captain William Spry Community Centre
10 Kidston Road, Halifax, N.S. B3R 2J7

CLUB RULES

In order for the club to keep the safety and well being off all children, staff and volunteers we have set the policies below. We ask parents or guardians of the children to explain the following rules.

Absolutely No Violence of any Kind: This includes but is not limited to the following:

Club Property: No slamming continuously of door.
No destruction of equipment or throwing it.
No graffiti (inside and out).

Physical Violence: No pinching, hitting, slapping, spitting, kicking, scratching, pushing, throwing, biting, or shoving.

Verbal Violence: No cursing, name-calling, threatening, intimidation, teasing or racial/gender put-downs.

This will also apply to computer use.

Policy: For any of the above (depending on the severity) the child will have a suspension and the parents will be called (if parents cannot be reached next of kin will be called, but the child will have to be removed).

We have also adopted a time out policy for less serious behavior. Children will be given a warning and then if this type of behavior persists a time out will be given from 5-10 minutes.

We will also encourage upon leaving the club they must present good respectful behavior until arriving safely at home.

No valuables of any kind are permitted at the club. This includes cell phones, mp3 players and portable gaming devices.

IMPORTANT: We are very fortunate to have the space of the Boys and Girls Club generously donated to us by the **The Open Door Community Church** and we feel that appropriate, respectful behavior is a small token of our thanks and we hope you will assist us in explaining this to your children. Thank you for your understanding and commitment in this matter. If you have any questions please feel free to call.

Please detach and return to club with membership form.

I _____ have read and discussed the terms of behavior
Signature of Parent or Guardian

With my child _____ and we agree to abide by such rules.
Name of Child

Date: _____



Boys & Girls Club
of Spryfield

Policies

Our policies are for all children and youth who attend our programs. These policies shall be carried out at all times and shall have no exceptions. Please read them carefully and explain them to your child in detail.

Our Policy is to BE KIND, BE GENTLE, BE SAFE

1. **ABSOLUTELY NO VIOLENCE** (Neither physical, verbal or psychological which includes, name calling, racial slurs, slapping, hitting, spitting, punching, kicking, or any aggressive physical or verbal threats)
2. **NO DAMAGE TO ANY PROPERTY** (Including indoor, outdoor or another person's property).
3. **NO RUNNING OFF OR LEAVING GROUP WITHOUT PERMISSION** (must adhere to the buddy system when walking or doing off site activities.)

These policies are enforced and the discipline for the above and will be on the **first warning** (dependent on the severity) a time out shall be given (age appropriate) at which time the staff shall talk to the offending child/children and an apology will be expected for all parties involved.

If it happens a **second time** in the same day the parent or emergency contact shall be called and the child may be removed.

If it happens a **third time** an automatic suspension shall be given (1-5 days depending on the severity of the incident).

Please discuss these policies with your children and if either of you have any questions please feel free to call us at 477-9840.

We are striving to maintain a safe, happy non-judgemental environment for all children, where they can learn creative ways to play and to be respectful of others and property.

NO Nuts! Send "ONLY" Healthy Snacks !

Dear Parents:

This note is to let you know, and/or remind you that we have children attending our programs who have severe allergies to nut products like Peanut butter, peanut oil, almond oil, and any other nuts. Children who have severe allergies to such food substances are exposed to a health risk when these products are consumed in their environment or shared with them.

We are also promoting a healthy eating environment and request that lunches and snacks reflect this. Please **DO NOT SEND YOUR CHILD TO THE CLUB WITH UNHEALTHY SNACKS** or snacks that may contain nut products.

The following are examples of suggested snacks. However, the food industry frequently changes or varies the contents in its products, so checking the list of ingredients is always good practice.

Homemade Rice Crispy Squares
Christie's Teddy Grahams
Shreddies & Cherrios cereal
Sun Chips
Popcorn
Fruit Cups
Fruit Roll Ups
Mini Bagels

Nutri-grain Breakfast Bars
Rice Cakes – Quaker
Carrot & Celery Sticks
Raisins
Pretzels
Pudding Cups
Sesame Snacks
Apple Sauce

Fresh Fruit
Graham Crackers
Arrowroot Biscuits
Corn Snacks
Cheese Bites
Bits and Bites
Pita Bread
Corn Chex Cereal

Your understanding and cooperation is appreciated. Thank you.