



<input type="checkbox"/>	I am aware that the Boys and Girls Club of Pembroke is not responsible for lost items, and that valuable items must remain at home or in my child's backpack.
<input type="checkbox"/>	I am aware that it is my responsibility to notify the program of any changes regarding personal information.
<input type="checkbox"/>	I am aware that all programs will be closed on all snow days.
<input type="checkbox"/>	I am aware that walking excursions may be planned as part of the program.
<input type="checkbox"/>	I am aware that the Boys and Girls Club of Pembroke may take photographs/videos of my child, and use them internally/externally for promotional community use, provided I have given permission to do so on the personal identification form.
<input type="checkbox"/>	I am aware that if I am late picking my child up from any program, there will be a late fee charge of \$15.00. After 15 minutes, it will be \$10 for each additional 10 minute block.
<input type="checkbox"/>	I am aware my child will not be released to anyone not listed on the personal identification form, unless a staff member is notified in writing of a change or verbal permission has been granted through the office. Photo ID will be required for anyone the staff is not familiar with. Without proper ID, my child will not be released.
<input type="checkbox"/>	I am aware that if my child is on prescribed medication, staff can only administer medication provided I have filled out a medication authorization form. I am aware that the medication must be in its original container, with the medication name, child's name and dosage clearly marked. Non-prescribed medication will not be administered.
<input type="checkbox"/>	I am aware that in an emergency Boys and Girls Club staff will administer First Aid/CPR to my child, prior to an emergency room doctor administering any necessary treatment to my child.
<input type="checkbox"/>	I am aware my child must have/wear their Epi-pen and/or inhaler at all times. Children who arrive without their prescribed Epi-pen and/or inhaler will be sent home.
<input type="checkbox"/>	I am aware that a \$25.00 administration fee will be charged for all NSF cheques, income tax receipt replacements, and cancellations.
<input type="checkbox"/>	I am aware that there will be no refunds for days missed by my child enrolled in a camp or afterschool child care program.
<input type="checkbox"/>	I am aware that it is my responsibility to ensure the office is notified as soon as possible should my child not be able to attend the camp or afterschool child care program, and the reason for the absence.
<input type="checkbox"/>	I am aware that my child's spot in a camp or afterschool child care program can only be secured when payment and registration forms have been received.
<input type="checkbox"/>	I am aware that all payments for camps or afterschool child care programs must be made by the due date. If payment has not been received your child will be unable to attend until arrangement have been made.
<input type="checkbox"/>	I am aware that extended child care must be prearranged and payment made in advance with my regular fees.
<input type="checkbox"/>	I am aware that 2 weeks written notice must be given to cancel my camp or afterschool child care program. There will be a \$25 administration charge for camp cancellations with 2 weeks notice.
<input type="checkbox"/>	I am aware that I am responsible to provide for camp a peanut free lunch, 2 snacks, a refillable water bottle, sunscreen & bug spray (weather permitting), indoor shoes and extra clothing in case of emergency.
<input type="checkbox"/>	I do hereby represent that all statements and information made on all required enrolment forms are correct.
<input type="checkbox"/>	I have read and understand the policies as outline in the Parent Handbook and agree to abide by all of the enrolment policies as stated.

CHILDREN:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE: