



St. Alban's Boys & Girls Club

STARS Program 2018/2019 School Year

Application must include 2018/2019 membership form & payment

Child's Name: _____

Grade: _____

School: _____

AFTER SCHOOL (\$20/day for grades 1-6)

Day(s) required –please circle: Please note, you will be charged for days registered, not days attended

Monday

Tuesday

Wednesday

Thursday

Friday

BEFORE SCHOOL \$10/day (Palmerston only)

**children must arrive by 8:40am to be shuttled to school

Day(s) required –please circle: Please note, you will be charged for days registered, not days attended

Monday

Tuesday

Wednesday

Thursday

Friday

Requested start date (circle one):

First day of school

or

Later Date: _____

Pickup (shuttle) from school required?

Walking Shuttle: \$3/day (Palmerston, Essex/Hawthorne, Hillcrest, Huron, École Sacré-Coeur)

Van Shuttle: \$4/day (Humewood, Clinton)
Does your child require a booster seat? (Yes / No)

Authorized to pick up child (other than parents):

NAME

RELATIONSHIP

CONTACT NUMBER

1.

2.

3.

Is the participant allowed to leave St. Alban's unaccompanied by an adult when the program is over? CIRCLE ONE: YES NO

St. Alban's Boys and Girls Club is recognized as a children's recreation service provider and is an authorized recreational and skill building program that offers safe, fun and engaging recreation programs to children (1 to Grade 6). This child care program is not licensed by the Government of Ontario under the Ministry of Education.

Parent/Guardian Signature

Date



St. Alban's
Boys & Girls Club
A good place to be

Membership Registration

Memberships are valid from September 1-August 31
All personal information provided is held in confidence
by the Club in accordance with our Privacy Policy.

Membership fee: \$20

Child's information:

First Name	Last Name	
Health Card#	Birth Date (mm/dd/yy)	Gender

Parents/Guardians of Child

Parent/Guardian #1 Name	email	
Address	City	Postal Code
Phone (home)	(work)	(cell)
Parent/Guardian #2 Name	email	
Address (leave blank if same as above)	City	Postal Code
Phone (home)	(work)	(cell)

Emergency Contact (other than a parent/guardian – Club will always attempt to reach parent/guardians first)

Name	Relationship to Member	
Phone (home)	(work)	(cell)

Medical Information

Doctor's Name	Phone
Allergies/Limits to Participation Yes No Please list:	

All memberships are non-refundable. St. Alban's reserves the right to cancel memberships and/or eject members from programs and Club property.

I _____ agree that I will hold harmless and indemnify the Corporation of the City of Toronto and the St. Alban's Boys' and Girls' Club, including all staff, volunteers and Board members from and against all action, suits, claims and demands which may be brought against or upon the Corporation of the City of Toronto and St. Alban's Boys' and Girls' Club, as a result of any injury sustained by myself or my child while I or my child is a participant in any program operated by said Club.

DATED: _____ SIGNED: _____

PHOTO RELEASE: I understand that photography/film/video may be used in the promotion and programs of the St. Alban's Boys' & Girls' Club. It may be published or used for any application in newspapers, films, television commercials, posters etc. or otherwise displayed to the public, or used for other educational/fundraising purposes either in whole or in part by the St. Alban's Boys' & Girls' Club. Also, I fully acknowledge that my services have been donated and I hereby waive any fees or payments.

DATED: _____ SIGNED: _____

OFFICE USE ONLY

DATE:

PAID

STAFF INITIALS