

*Boys & Girls Club Services of Greater Victoria*  
**CENTRAL SAANICH CLUB REGISTRATION FORM**  
**After School & Evening Programs**

Boys & Girls Club Services of Greater Victoria and the Boys & Girls Clubs of Greater Victoria Foundation are committed to protecting the privacy of all our employees, volunteers, member, participants and their families, donors and other stakeholders. If you feel your rights have been violated please contact our privacy officer at donors at 384-9133 or visit our website at [www.bgcvic.org](http://www.bgcvic.org) for the full privacy code.

**PLEASE PRINT CLEARLY**

Participant's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

**SECTION 1 – AFTER-SCHOOL CARE**

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> <b>DROP-IN FEE: \$2 / day</b>          |  |  |  |  |
| <input type="checkbox"/> <b>Monthly fee \$25</b><br>(Unlimited) |  |  |  |  |

**SECTION 2 – EVENING PROGRAMS**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Youth Leadership \$55</b> | <input type="checkbox"/> <b>Torch Club \$55</b> |
| <input type="checkbox"/> <b>Girls Group \$25</b>      | <input type="checkbox"/> <b>Boys Group \$25</b> |

**SECTION 3 – SWIMMING LEVEL**

**Please check the appropriate box:**

- |   |   |                                       |                                      |  |
|---|---|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Strong Swimmer | <input type="checkbox"/> Moderate Swimmer | <input type="checkbox"/> Weak Swimmer | <input type="checkbox"/> Non-Swimmer | <input type="checkbox"/> Lifejacket Required |
|---|---|---------------------------------------|--------------------------------------|--|

**SECTION 4 – CHILD PICK-UP INFORMATION**

**Please check ONLY ONE of the following statements and provide ALL necessary information.**

- I, the parent/guardian or the designate(s) listed below, will **pick up** my child at the program completion time.

\_\_\_\_\_  
\_\_\_\_\_

- I, the parent/guardian, give permission for my child to be dismissed from the program at the following time:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_