

YMCA CHILD, YOUTH & FAMILY DEVELOPMENT REGISTRATION FORM

Thank you for choosing YMCA, Child, Youth & Family Development. To register your child, this form must be completed and returned to the Supervisor or Designate along with all required documents **one week before** your child's start date.

Child's Information

Last Name: _____

First Name: _____

Birth Date (Y/M/D): _____

Gender: Male Female

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

If your child is registered in school, please complete the following information:

School Name: _____

School Phone Number: _____

Grade: _____

Allergies Yes No

Drug: _____

Food: _____

Insect stings or bites: _____

Other: _____

Reactions: _____

Carries EPI Pen: Yes No

Carries Inhaler: Yes No

Please review the Chronic Illness and Medication Procedure in the Family Information Guide.

Custody Information

If there is a legal custodial agreement, the YMCA requires a copy; we are only able to enforce if it is a legal or binding document.

Custody documents are included?

N/A Yes No

My child MAY NOT be released to:

Parent/Guardian 1

Last Name: _____

First Name: _____

Date of Birth (Y/M/D): _____

Home Phone: _____

Cell Phone: _____

Email: _____

While my child is in care, I can be reached at:

Phone: _____

Location: _____

Address: _____

Parent 1 Address (ONLY if different than child)

Address: _____

City: _____

Postal Code: _____

Parent/Guardian 2

Last Name: _____

First Name: _____

Date of Birth (Y/M/D): _____

Home Phone: _____

Cell Phone: _____

Email: _____

While my child is in care, I can be reached at:

Phone: _____

Location: _____

Address: _____

Parent 2 Address (ONLY if different than child)

Address: _____

City: _____

Postal Code: _____

Emergency Contact and Authorized Pick Up Information

**** Other than Parent/Guardian***

The following contacts are authorized to pick up your child, or should an emergency arise and you cannot be contacted, they will be contacted and assume responsibility for your child. Please inform them that proper identification is required at time of pickup.

Authorized Person #1

Emergency Pick Up

Full Name: _____

Relationship to Child: _____

Home Phone: _____

Work/School Phone: _____

Cell Phone: _____

Authorized Person #2

Emergency Pick Up

Full Name: _____

Relationship to Child: _____

Home Phone: _____

Work/School Phone: _____

Cell Phone: _____

Authorized Person #3

Emergency Pick Up

Full Name: _____

Relationship to Child: _____

Home Phone: _____

Work/School Phone: _____

Cell Phone: _____

YMCA Privacy Policy & Canadian Anti-Spam Legislation Consent

The YMCA requests your consent in order to comply with Canada's Anti-Spam Legislation (CASL), therefore, by signing this section below, you are giving your consent to allow us to send you important information regarding your child care services and registration via email.

Parent Signature: _____ Date: _____

For more information on Canada's anti-spam law, visit the Government of Canada's website by visiting <http://fightspam.gc.ca>.

As a charitable, community based organization, the YMCA of Northeastern Ontario is committed to protecting your right to privacy. The personal information you share with the YMCA is used to support the work of the YMCA. If you have a question or concern regarding your privacy, please email us at communications@ymcaneoc.ca.

Medical Information

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Dentist's Name: _____

Dentist's Address: _____

Dentist's Phone: _____

Past History of Communicable Diseases

Please check below if your child has had:

- Measles Rubella (German measles) Hepatitis
 Mumps Whooping Cough Mononucleosis
 Chicken Pox Scarlet Fever
 Other (please indicate) _____

Emergency Medical Consent

In the event of an accident, injury or illness involving my child and an immediate contact by the YMCA with a parent cannot be made, I authorize and grant permission to the YMCA to secure proper medical treatment, as deemed necessary by the attending medical professional(s) and authorize on my behalf all procedures, including admission to an emergency unit, hospital and treatment therein, ordering of X-rays, tests or treatment, injections, anesthesia and/or surgery. I agree not to hold the YMCA of Northeastern Ontario responsible for any costs or injury arising out of an emergency situation.

Parent/Guardian Initials: _____

Chronic Illness, Anaphylaxis Alert & Medication

A **chronic illness** is when a child requires medication on a regular basis (i.e. diabetes, asthma, etc.). If your child has a chronic illness or life-threatening allergy, parents are required to complete an **Individual Anaphylactic or Medical Plan** form for medication to be kept onsite. *All medication must be hand given to a YMCA Educator or Self-Employed Home Child Care Provider to ensure it is stored out of the reach of the children. **Your child may not attend without a signed form and their EpiPen or other required medication.**

Should my child require **medication**, I understand that I'm required to complete a "**Medication Consent**" form. YMCA Educators will only administer medication provided the medication is:

- Prescribed from a doctor; or
- If over the counter, accompanied with a doctor's note with instructions.

Due to the frequency and their longer term usage, diaper creams, lip balms and hand sanitizers can have a blanket authorization (form to be signed) from a parent and can be administered as long as it is a non-prescription and/or they are not for acute (symptomatic) treatment, whether they have a drug administration number (DIN) or not. For safety purposes, the medication or product must be hand given to a YMCA staff, never to be left in the child's cubby and/or backpack.

Parent/Guardian Initials: _____

Individual Support Plan

An **Individual Support Plan (ISP)** may be completed (unless you are providing one from an external agency) if there any medical, emotional, social or behavioural challenges that the Educator or Self-Employed Home Child Care Provider should be informed of to better care for your child.

Does your child have or require an ISP? Yes No (If yes, please attach).

My Child's Interests and Fears

Child's Interests: _____

Child's Fears: _____

Consent for "Look See" Developmental Screen and ASQ's (Ages & Stages Questionnaire)

These are tools designed to provide an easy-to-use method of recording the development and progress of children. While these screening tools are to be completed by a parent or caregiver, they are not meant to be a substitute for professional advice and/or treatment. **For further information, please visit: <https://lookseechecklist.com/>**

I hereby give my consent for the YMCA Educators, Self-Employed Home Child Care Providers or community resource consultants to complete developmental screens on my child.

Parent/Guardian Initials: _____

Transportation Procedure

I understand that the YMCA is not responsible for my child until they arrive (signed-in) at the YMCA Program or Self-Employed Home Child Care Provider or after they leave (signed-out). For the safety of your child, parents and/or guardians must approach a YMCA Educator or Self-Employed Home Child Care Provider when dropping-off and picking-up your child. Should your child walk or be transported by bus or taxi, a **Transportation Consent to Release** form must be completed with all relevant information and signed (please request one from the YMCA upon or prior to registration).

Parent/Guardian Initials: _____

Activities on Property/Neighbourhood Walks

I hereby give consent for my child to use all play materials or equipment and to actively participate in all activities associated with the child care program, including walks within the community.

Parent/Guardian Initials: _____

Consent for Sunscreen and Repellent

I understand that it is my responsibility to supply sunscreen of SPF 15 or higher every day for my child. YMCA Educator or Self-Employed Home Child Care Provider will assist or apply the sunscreen or insect repellent prior to outdoor activities according to the instructions on the label. The YMCA Educator or Self-Employed Home Child Care Provider will keep an emergency supply of sunscreen and insect repellent onsite. Sunscreen and insect repellent must be labelled with my child's name.

Sunscreen DO NOT apply sunscreen to my child because of skin allergy or sensitivity.

Insect Repellent DO NOT apply insect repellent to my child.

For more information on sunscreen and insect repellent guidelines and application, please visit the Health Canada Website @ www.hc-sc.gc.ca or call your local health unit (705) 474-1400 or (705) 522-9200.

Parent/Guardian Initials: _____

Photography Consent (Programming)

I hereby give consent for my child to be photographed for the purpose of YMCA programming, promotion and/or advertising.

Yes No Parent/Guardian Initials: _____

Photography Consent (Media)

I hereby give consent for my child to be photographed by the media, when they are invited to report on special events.

Yes No Parent/Guardian Initials: _____

Family Information Guide & Program Statement

Please visit our website for our "YMCA Family Information Guide", which highlights our philosophy, policies and procedures. Please review carefully and feel free to contact us with any questions or comments. Thank you.

I/we understand to visit the YMCA's website for the Family Information Guide or that I may request a hard copy from my child's program at anytime.

Parent/Guardian Initials: _____

CHILD CARE REQUIREMENTS

Full-Time Care Full-time care means registering for five full days every week.

Part-Time Care The YMCA provides part-time care with the exception of Infant care, where full-time care is the only option. Part-time care requires a minimum of two (2) or three (3) days and is based on **space availability**. The set days cannot be changed or rotated. Please note, we do not offer half day care or a one (1) or four (4) day program, but will accommodate emergency child care, provided there is space in your child's program.

Program Location (Please indicate):

Full Day Early Learning:

Mon Tues Wed Thu Fri

Flex Care (per approved schedule – minimum of 12 days per month required – at approved sites)

Socialization (2.5 hours):

Mon Tues Wed Thu Fri

9 to 11:30 am **or** 2 to 4:30 pm (at approved sites)

Before School:

Mon Tues Wed Thu Fri

After School:

Mon Tues Wed Thu Fri

PD Days & School Breaks:

PD Days December Break March Break

Licensed Home Child Care

Full Days Half Days Before School After School Extended/Overnight PD Days School Breaks Summer

Full-Time Care:

(Monday to Friday)

Part-Time Care:

Mon Tues Wed Thu Fri Sat Sun

Scheduled Care:

A copy of your work/school schedule is required to be given to your Provider weekly, bi-weekly or monthly.

* Please note that if you do **not** provide a schedule to your Provider, he/she is entitled to bill as per your last schedule. Providers require forty-eight hours notice if you wish to exchange days – no cancellations.

Payment Information (Please note that registrations will not be processed without a completed *Pre-Authorized Payment Agreement and your method of payment and must be provided regardless if you are fully subsidized*).

I will pay the full daily fee for my child; **or**

I have or I will be applying for subsidy (*please complete **Subsidy Information** below).

(Parent/Guardian Initials) _____

Subsidy Information (This section is not applicable to full fee paying families)

I have applied for subsidy or a copy of the parent agreement is attached. I have a parental contribution of _____ daily that will be paid by me. The YMCA will bill the difference directly to my District's Social Services Administration Board or Municipality/City each month.

Schedule Requirements: If subsidy is covering my child care based on my/our work/school schedule, I/we are responsible to provide it to the YMCA **and** subsidy at the end of each month (for that month). I understand that I may need to pay full fee for any days not covered by subsidy.

I also understand that I will pay full fee for any absent days above allotment covered by subsidy. (Parent/Guardian Initials) _____

Attachments Checklist (Please be prepared to show 2 pieces of valid photo I.D. for parents and 1 piece of valid I.D. for children)

Pre-Authorized Payment Agreement form

* If Applicable...

Method of Payment (Void Cheque, VISA, MC)

Court/Custody Documentation (most current)

Emergency Contact Information Card

Transportation or Walking Consent for School-Age Children * please ask us for a copy

Inclusion Program or Third Party Support Consent

Medication Consent form * please ask us for a copy

YMCA Child Guidance Procedure

Individual Anaphylactic, Medical or Support Plan form * please ask us for a copy

Health Unit Clearance form & **Immunization Record**

Parental Authorization form (for diaper cream, etc.) *please ask us for a copy

Consent to Exchange Information

Security Entry (Key Fob or Code) Agreement form * please ask us for a copy

I hereby declare the information contained in this package is accurate, and will inform the YMCA of any changes to information which may arise. I have reviewed the policies and procedures as outlined in the YMCA Child Care & Early Learning Family Information Guide and Program Statement and agree to abide by them. I understand policies will be updated periodically; any resulting changes will be communicated to parents.

Parent (Print Name): _____

Staff Witness (Print Name): _____

Signature: _____

Signature: _____

Date: _____

Date: _____

(Office Use Only – Approved Confirmation)

Start Date: ____/____/____ Withdrawal Date: ____/____/____ Location/Provider: _____

Full Days B/S A/S PD Days School Breaks Half Days Extended/Overnight Supervisor's Approval: _____

FT: (Mon-Fri) PT: Mon Tues Wed Thur Fri Sat Sun Finance Registration by: _____ Date: _____