



South Porcupine Summer Day Camp Registration Form

Child's Information

Last Name: _____

First Name: _____

Birth Date (Y/M/D): _____

Child's Health Card #: _____

Current Age: _____

Outgoing Grade: _____

Gender: Male Female

Mailing Address: _____

City: _____

Postal Code: _____

Home Phone: _____

School: _____

Custody Information

Not Applicable

If there is a legal custodial agreement the YMCA requires a copy. We are only able to follow custodial directions if it is a legal binding document.

Custody documents are included?
 Yes No

Custodial Parent: _____

My child may NOT be released to: _____

Relationship to my child: _____

Record of Immunization

Please attach a copy of your child's immunization record.

Copy of immunization record included?
 Yes No

Parent/Guardian 1

Last Name: _____

First Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Number: _____

Place of Work: _____

Work Address: _____

Work Phone: _____

Address (if different from child)

Address: _____

City: _____

Postal Code: _____

Parent/Guardian 2

Last Name: _____

First Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Number: _____

Place of Work: _____

Work Address: _____

Work Phone: _____

Address (if different from child)

Address: _____

City: _____

Postal Code: _____

Emergency Contact and Authorized Pick up Information

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. Identification is required at time of pick up.

Authorized Person #1

Full Name: _____

Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Authorized Person #2

Full Name: _____

Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Authorized Person #3

Full Name: _____

Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

YMCA Privacy Commitment

YMCA of Timmins is committed to protecting information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. www.timminsymca.org

Medical Information

Doctor's Name:

Doctor's Phone:

Doctor's Address:

Allergies

Allergies: Yes No

If yes, indicate allergy type and reaction:

Carries EPI Pen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carries Inhaler	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EpiPen Procedure

If you identify on your child's registration form that they require use of an EpiPen for life-threatening allergies, your child will need to bring the EpiPen to child care every day. In order to ensure your child's safety, children who require an EpiPen, but do not bring it (or EpiPen is expired), will not be admitted into care. To accurately communicate with staff, the EpiPen information form must accompany your child's registration form. This form can be picked up at the main office.

Lunch/Snacks

I understand that I am to provide my child with water, snacks and a lunch daily. Lunches must not contain nut products. If there are any other food allergies in your child's group you will be notified by letter.

Parent/Guardian initials: _____

Program Support

Has your child been diagnosed with special needs or behavioural needs? (ie. ADD/ADHD)

Yes No

Please specify

If you answered YES to the above question, please see our

Integration Camper Profile

Does your child receive additional support in school?

Yes No

Does your child require one-on-one support?

Yes No

Additional Information

Is there any additional information that the staff should be informed of to better care for your child?

Yes No

If yes, please explain:

Sign In and Out Procedure

I understand that the YMCA is not responsible for my child until they arrive (signed-in) at the YMCA program or after they leave (signed-out). For the safety of your child(ren), parents and/or guardians must approach a YMCA staff when dropping-off and picking-up your child(ren).

Should your child walk alone to or from our program an **Authority and Release Consent** form must be completed with all relevant information signed (available at the main office).

Parent/Guardian initials: _____

Activities on Property

I hereby give consent for my child to use all play equipment and to actively participate in all activities associated with the child care program.

Parent/Guardian initials: _____

Off Site (Neighbourhood Walks)

I hereby give consent for my child to actively participate in all activities involving walks within the community. In the case of special field trips parents will receive a consent form to be signed before the day of the field trip. This consent form must be signed in order for children to participate in the field trip.

Parent/Guardian initials: _____

Medication

Parents are required to complete and sign a **Medication Authorization** form outlining dosage and the times at which it is to be given. Medication must be in the original container, labelled with the child's name, date, name of drug, and storage instructions.

Medication for Non-Prescribed medication (over-the-counter) will not be administered for the sole purpose of reducing a child's fever and/or cough unless the doctor has indicated in writing the medication is to treat a Chronic illness, such as controlling the onset of seizures, asthma, allergies, etc. Should your child require over-the-counter medication it must be accompanied by a doctor's note detailing; the reason for the medication, specific written instructions on how to administer the medication and an open and close date as to when the medication should be administered.

Is your child currently on medication?

Yes No

Will your child require medication while in our care?

Yes No

Past History of Communicable Diseases

Please check below if your child has had:

<input type="checkbox"/> Rubella	<input type="checkbox"/> Measles
<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Other (please indicate) _____	

Chronic Illness and Anaphylaxis Alert

A chronic illness is when a child requires medication on a regular basis (i.e. Diabetes, etc.). If your child has a life-threatening allergy requiring medication to be kept on site at all times, parents are required to complete an **Anaphylaxis Alert Consent Form** (available at the YMCA administration office).

****All medication must be hand given to office staff to ensure it is locked up and out of the reach of the children.***

Health and Wellness

If your child shows symptoms of ill health such as fever, vomiting or diarrhea, your child will not be admitted to our care. In the case of discharge from the eyes or ears and rashes deemed suspicious, a physician's note may be required stating the nature of the illness. If your child develops symptoms of ill health while in our care, you will be contacted to pick up your child. **Children must be free of diarrhea, vomiting or high fever as a result of illness for twenty-four consecutive hours before returning to child care.**

Parent/Guardian initials: _____

Head Lice

Throughout the summer, spot checks will be conducted on all children. If a child has either nits or lice, contact will be made to immediately have the child picked up. The child must then be treated and **all** nits must be removed prior to re-admittance to the program. Your support and cooperation is greatly appreciated in this matter.

Emergency Medical Consent

I hereby grant permission for the Staff to take whatever steps may be necessary to obtain medical care to my child if warranted. These steps may include, but are not limited to the following: call 911, attempt to contact parent/guardian, and attempt to contact the parent/guardian through any of the people listed as emergency contacts.

Parent/Guardian initials: _____

Swimming

Does your child know how to swim?

Yes No

Does your child require a life jacket?

Yes No

Sunscreen Policies and Procedures

1. All children and staff will wear sunscreen daily with an SPF of at least 15 on all exposed skin.
2. Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
3. Parents or legal guardians will be responsible for providing their child/children with enough sunscreen (in a sealed container) to take with them for later applications. One container per child, please.
4. Staff will be responsible for ensuring thorough follow-up applications after one hour in water, two hours of activity in the sun, and/or any other time as needed. Please note children in JK, SK, Grade 1 and Grade 2 will have the sunscreen applied to them by the day camp staff. Children in grades 3, 4, and 5 will apply their own sunscreen supervised by staff. Staff will remind these children to apply sunscreen throughout the day.
5. For children who have fair skin, freckles, or numerous moles; have blonde, red or light brown hair; have a family history of skin cancer, we recommend an extra t-shirt be brought to wear in the water for extra protection.
6. A sunscreen station will be set up on all field trips. Children can come to this station when they need sunscreen reapplied.
7. The YMCA reserves the right to disallow anyone to participate in the program at any time for failure to comply with this policy. If a child refuses to apply sunscreen please inform the Supervisor immediately.
8. Please note that these decisions were made to protect children and staff from the dangers of ultraviolet rays. Our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

I have read and understood the YMCA Sunscreen Policy.

Parent/Guardian Initials: _____

Sunscreen Application

I grant permission to the YMCA of Timmins staff to apply sunscreen on my child as required.

Yes No

Parent / Guardian Initials: _____

YMCA Code of Conduct

It is our goal to provide a healthy, safe and secure environment for all participants. As a fully integrated program, the YMCA values diversity and the differences that form the child care community. Staff use a positive, values based approach to guide appropriate behaviors and seek to reward and reinforce positive behavior. Children are expected to follow YMCA behavior guidelines and to interact appropriately with their fellow children.

The safety of each individual is of the utmost importance to the YMCA. Parent/guardian(s) and children must recognize a personal responsibility to learn and follow safety and other rules established by the YMCA. Behavior that impacts other children physically or emotionally (including harassment and/or bullying) may result in immediate dismissal or removal from the program. Children can be dismissed from care due to intentional behavior that places them or others at risk. Children are expected to follow YMCA behavior guidelines and to interact appropriately with other children.

Behavior Guidelines:

- All children are responsible for their actions
- All children will respect each other and the environment
- All children will be honest and true to their word
- All children will care for themselves and those around them
- All children will make healthy and safe choices
- All children will value diversity and seek to include others

When a child does not follow the behavior guidelines, we will take the following steps:

1. The staff will document the situation. This written document will include what the behavior problem is, what provoked the problem and the corrective action taken.
2. If the problem occurs a second time, staff will schedule a conference that will include the parent, camper, the Community Program Co-ordinator and the General Manager.
3. If a problem is ongoing and the child continues to disrupt the program, the YMCA of Timmins reserves the right to suspend the child from the program. Expulsion from the program will be considered in situations that threaten the immediate safety of that child, other children or staff. The parent may be notified and expected to pick up the child immediately.

I have read and understood the YMCA Code of Conduct and behavior guidelines.

Parent/Guardian Signature: _____

Email Consent Form

The YMCA of Timmins values the feedback our customers give us on a daily basis. We have agreed to join the YMCA National Database coming soon. The database will allow our clients to register for any program offered by the YMCA of Timmins electronically. Clients have also expressed their desire for electronic communication about important reminders and notices from the YMCA of Timmins. The YMCA of Timmins has purchased the Constant Contact software program to keep clients up to date of important information.

Information that may be sent through this email service:

- Closure information
- Emergency announcements (ie. Emergency shelter information, fire drills, water main breaks, etc.)
- Announcements of important registration dates
- Newsletters
- Field Trip reminders
- Fluoride reminders
- Information about new programs

As a valued client and friend, the YMCA of Timmins requests your consent to allow us to send you important information and announcements mentioned above from our organization. Your consent is required to comply with the new Anti-Spam Legislation (CASL).

Please complete the form and check off the "I consent" box below. You may change your mind and unsubscribe at any time.

For more information on Canada's anti-spam law, visit the Government of Canada's site (<http://fightspam.gc.ca/eic/site/030.nsf/eng/home>).

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www.timminsymca.org

If you have questions regarding your subscription status or wish to update contact information, please contact the Main office at info.timminsy@timmins.ymca.ca

Email Address: _____

First Name: _____ Last Name: _____

I confirm my consent to receive electronic communications from YMCA of Timmins

Signature: _____

Photo & Video Consent, Assignment & Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an “**Authorized Third Party**”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the “**Purposes**”). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA and any Authorized Third Party for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the “**Work Product**”). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.**

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By signing my name, I (or my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name: _____

Telephone No.: _____

Address: _____

Signature of Witness

Signature of Participant

Name of Parent or Guardian, if applicable

Please note that any overdue accounts must be paid in full prior to your child's Summer Camp start date in order for them to participate.

Dates Required – Please note you will receive a Payment Schedule

Thursday June 28th and Friday June 29th are not included in the 2018 Summer Camp. These days are PD Days and children will need to be registered separately for those two days.

WEEK	DATES	DAYS REQUIRED (CHECK ALL THAT APPLY)				
1	July 3 rd – July 6 th	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	
2	July 9 th – July 13 th	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
3	July 16 th – July 20 th	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
4	July 23 th – July 27 th	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
5	July 30 th – August 3 rd	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
6	August 7 th – August 10 th		<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
7	August 13 th – August 17 th	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
8	August 17 th – August 24 th	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

SOUTH PORCUPINE LOCATION CLOSES AUGUST 24th. WEEK 9 IS AVAILABLE AT OUR TIMMINS LOCATION AT 376 POPLAR AVE.

WEEK	DATES	DAYS REQUIRED (CHECK ALL THAT APPLY)				
9	August 27 th – August 31 st	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

OFFICE USE ONLY

Early Bird Registration?	Deposit Amount	Receipt Number
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Are you subsidized?

Yes No I have applied for subsidy. My appointment date is _____.

If yes, do you have a parental contribution?

Yes No

If yes, how much?

PAYMENT POLICY AGREEMENT

DEPOSIT POLICY

ALL REGISTRATIONS REQUIRE A \$50 NON-REFUNDABLE DEPOSIT PER CHILD. DEPOSIT WILL BE PUT TOWARDS FIRST WEEK OF CAMP.

Refund Policy

Cancellation must be made in **WRITING FOUR WEEKS IN ADVANCE** to the YMCA Administration office. The finance department must receive all cancellations in writing; otherwise, refunds will not be issued. Refunds are not applicable for absent days or for circumstances out of the control of the YMCA, such as, weather conditions, power outages, etc...

Authorization

I hereby declare the information contained in this package is accurate, and will inform the Supervisor of any changes to information which may arise. I have reviewed the enclosed policies and procedures and agree to abide by them.

Child's Name: _____

Parent/Guardian:

Print Name: _____ Signature: _____

Staff Witness Signature: _____ Date: _____

Method of Payments Options

Summer payments are due two weeks prior to each week of camp. A payment schedule will be mailed to you.

The following payment methods are accepted:

Preauthorized Credit Card, Debit, Credit Card, Cash, Cheque.

For your credit card security please **DO NOT** email us your credit card number.

Preauthorized Credit Card: Visa _____ (initial here) Master Card _____ (initial here)

Account Number: _____ Expiry Date: _____

Name as it appears on card: _____

Please make all cheques payable to The Timmins Family YMCA

376 Poplar Avenue
Timmins Ontario
P4N 4S4

Phone: (705) 360-4381

Fax: (705) 360-4382

www.timminsymca.org