

OFFICE USE ONLY

Start Date: _____
 Location: _____
 Withdrawal Date: _____
 Updated: _____

Children's Services Registration Form

To process your child's registration, **please complete this form and return it to the YMCA of Timmins' administration office with a copy of your child's immunization records.**

Child's Information

Last Name: _____
 First Name: _____
 Birth Date (YYYY/MM/DD): _____
 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: _____

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: _____

Primary Contact: Parent/Guardian 1

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Address: same as child

 City: _____
 Postal Code: _____
 Home Phone: _____
 Cell Phone: _____
 Place of work: _____
 Work Address: _____
 City: _____
 Postal Code: _____
 Work Phone: _____
 Email: _____

Secondary Contact: Parent/Guardian 2

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Address: same as child

 City: _____
 Postal Code: _____
 Home Phone: _____
 Cell Phone: _____
 Place of work: _____
 Work Address: _____
 City: _____
 Postal Code: _____
 Work Phone: _____
 Email: _____

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

Other than Parent/Guardian

Full Name: _____
 Relationship to child: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Authorized Person #2

Other than Parent/Guardian

Full Name: _____
 Relationship to child: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Authorized Person #3

Other than Parent/Guardian

Full Name: _____
 Relationship to child: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Additional Notes:

Medical Information

Doctor's Name: _____

Doctor's Phone: _____

Doctor's Address: _____

Record of Immunization

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

Copy of immunization included? Yes No

Allergies

Allergies: Yes No

If yes, indicate allergy type and reaction: _____

EpiPen: Yes No

Inhaler: Yes No

Please review our Medication Procedure carefully.

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 child care. To accurately communicate with staff, the EpiPen information form must accompany your child's registration form. This form can be picked up at each location.

Parent/Guardian initials: _____

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"/> Other _____ |

Comments: _____

Absences

If your child will be absent on a scheduled day, you are to call the main office before 9:00am. Please note that the same rule applies if your child is enrolled in any of our before and after school programs. If you are picking up your child from school you must inform us of the absence by 3:00pm. The schools are not obligated to inform us that your child has been picked up from school. Thus, all failed reports of absences to our office will be reported to the police.

Parent/Guardian initials: _____

Emergency Medical Consent

I hereby grant permission for the YMCA to take whatever steps may be necessary to obtain medical care for 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: _____

Sign In and Out Procedure

I understand that the YMCA is not responsible for my child until they are signed in at the YMCA program or after they have been 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 all locations).

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.

Parent/Guardian initials: _____

Family Handbook

Please note that more detailed information regarding our policies and procedures are found in our Family Handbook, which is available for review by asking the Centre Supervisor, the YMCA Administrative Office, Weemarkable Application or on our website www.timminsymca.org. If you would like to receive a paper copy of the Family Handbook, please indicate:

Yes Not at this time

Parent/Guardian initials: _____

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 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 fever of 38° Celsius as a result of illness for twenty-four consecutive hours before returning to the child care centre.**

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.

Parent/Guardian initials: _____

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 **Individual Anaphylaxis Plan** form (available at all YMCA locations).

If your child's physician has indicated your child should carry his/her own EpiPen, the YMCA staff requires a doctor's note for consent as per the Child Care and Early Years Act. In addition to the above procedure, the YMCA staff follow the regulations and guidelines set out by the Porcupine Health Unit and the Child Care and Early Years Act.

***All medication must be brought to the main office to ensure it is locked up and out of the reach of the children.**

Parent/Guardian initials: _____

Head Lice

Throughout the year, 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.

Parent/Guardian initials: _____

Late Pick Up

After 5:30pm there is a late fee charge of \$5.00 per child for the first ten minutes and \$1.00 per minute thereafter. Late fee charges will be added to your next invoice. If there is an emergency and you are going to be late, please call your centre. Program registration may be terminated or suspended at the discretion of YMCA Management due to consistent late pick up.

Parent/Guardian initials: _____

Consent for Sunscreen

It is required that you sign off on the **Sunscreen Consent** form to allow YMCA staff to apply sunscreen to your child. The YMCA will supply sunscreen of SPF 15 or higher at a cost of \$10.00 per year, or you may bring your own from home. Payment notifications will be sent out at the beginning of each season.

Staff are 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.

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. The YMCA reserves the right to disallow anyone to participate in the program at any time for failure to comply with this policy

DO NOT apply YMCA sunscreen to my child because of skin allergy or sensitivity. **I will supply my own.**

For more information on sunscreen guidelines and application, please visit the Health Canada Website @ www.hc-sc.gc.ca or call the Porcupine Health Unit (705) 267-1181

Parent/Guardian initials: _____

Developmental Information

Does your child have any behavioural challenges that we should be aware of, enabling us to better support your child?

Yes No

If yes please explain:

Additional Information

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

Yes No

If yes, please explain:

Email Consent Form

The YMCA of Timmins values the feedback our customers give us on a daily basis. Clients have expressed their desire for electronic communication about important reminders and notices from the YMCA of Timmins. The YMCA of Timmins has purchased an application called Weemarkable and the Constant Contact software program to keep clients up to date of important information.

Information that may be sent through these services:

- 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
- Daily journal entries
- Documentations

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>).

YMCA Privacy Commitment

The 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

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

First Name: _____ Last Name: _____

Signature: _____

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

The primary contact's email will be used for the initial setup of Weemarkable.

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 Participant’s Name: _____

Telephone No.: _____

Address: _____

Signature of Witness

Signature of Participant

Name of Parent or Guardian, if applicable

Child Care Requirements

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

Part Time Care: Part time care requires a minimum of two (2) days a week and is based on space availability. The YMCA strives to meet the needs of all families therefore; but will accommodate emergency child care, provided there is space in your child's program. If you require emergency care, you must contact the administration office as soon as you know that you require care so that we can verify if there is space.

YMCA of Timmins Child Care and School Age Care (Birth to 12 years)

Please fill in all applicable areas.

- Location:**
- YMCA of Timmins Poplar Location Infant, Toddler and/or Preschool Care
 - Balsam Street Child Care Centre Infant, Toddler and/or Preschool Care
 - Croatia Avenue Child Care Centre Infant, Toddler and/or Preschool Care
 - Moore Street Child Care Centre Infant, Toddler and/or Preschool Care
 - YMCA of Timmins Poplar Location Before and/or After School Program
 - Balsam Street Before and/or After School Care (Located at Pope Francis)
 - Croatia Avenue Before and/or After School Care (Located at Schumacher Public School) *(coming soon)*
 - Bertha Shaw Before and/or After School Program
 - Centennial Before and/or After School Program
 - St. Joseph Before and/or After School Program
 - W. Earle Miller Before and/or After School Program

Infant/Toddler/Preschool care (3 months - 4 years) *Infant available at all of our locations.*

- Half Day: Monday Tuesday Wednesday Thursday Friday
- Full Day: Monday Tuesday Wednesday Thursday Friday
- Shift Work:
- Call In:
- Flexible:

School Age Care (3.8 years – 12 years) *Children must be enrolled in school*

- Before School: Monday Tuesday Wednesday Thursday Friday
- After School: Monday Tuesday Wednesday Thursday Friday
- Shift Work:
- Call In:

Parent/Guardian Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

Payment Policy Agreement

- Payment may be made by cash, cheque, debit card, Visa or MasterCard.
- In addition, we can debit your bank account on the 20th of each month for the previous month or your credit card at time of billing.
- The first two weeks of care must be paid in advance. An administration fee of \$20 is payable prior to registration. *This fee is non-refundable.*
- A charge of \$25.00 for NSF cheques will apply.
- Interest charges: 24% (annually) on invoices outstanding over 60 days.

IMPORTANT NOTE: This form must be completed regardless if you are subsidized. Registrations will not be processed without this completed and signed payment policy and any of the below payment methods.

Infant Child Care Fees

	Current	As of April 1, 2020
Full day (over 5 hours)	\$43.00 per day	\$44.00 per day
Half Day (under 5 hours)	\$30.00 per day	\$31.00 per day

Toddler/Preschool Child Care Fees

Full Day (over 5 hours)	\$39.00 per day	\$40.00 per day
Half Day (under 5 hours)	\$26.00 per day	\$27.00 per day

School Age Program Fees

Before School	\$7.00 per day	N/A
After School	\$10.00 per day	N/A
Before and After School	\$17.00 per day	N/A
Camp Days	\$39.00 per day	\$40.00 per day

Siblings enrolled in our child care receive a 10% discount. *Discount does not apply to Camps.*

Payment and/or Subsidy Information

- I will pay the full daily fee for my child.
 - I have applied for subsidy. A copy of the parent agreement is attached.
 - I have applied for subsidy. My appointment date is _____.
 - I have a parental contribution of _____ daily that will be paid by me to the YMCA of Timmins.
 - I understand that the YMCA will directly bill the difference to the Cochrane District Social Services Board each month.
- I understand that should I run out of allotted absent days covered by subsidy, that I would pay full fee for any absent days above this allotment. _____ (Parent/Guardian initials)

Refund Policy

Cancellation must be made in writing two weeks (ten business days) in advance to the YMCA of Timmins 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 of Timmins, such as, weather conditions, power outages, etc.

Policies and Procedures

I have reviewed the policies and procedures and agree to abide by them, as outlined in the YMCA of Timmins Family Handbook. I understand policies will be updated periodically; any resulting changes will be communicated to parent/guardians in writing.

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.

Parent/Guardian:

Print Name: _____

Signature: _____

Staff Witness Signature: _____

Date: _____

Method of Payments Options

Invoices will be mailed at the end of each month

Existing clients do not need to update their credit card information unless you require to update card information.

The following payment methods are accepted:

- Cash/Debit
- Preauthorized Chequing (20th of the Month): Void Cheque attached _____ (initial here)
- Preauthorized Credit Card (at time of billing): **To be filled out only if card information has changed.**
- Visa _____ (initial here) Master Card _____ (initial here)

Account Number: _____ Expiry Date: _____

Name as it appears on card: _____

Email address: _____

(Email address needed for credit card transactions as receipt will be emailed to client.)

PLEASE DO NOT EMAIL CREDIT CARD INFORMATION TO US.

I, the undersigned, have given the YMCA of Timmins authorization to change my child care expenses in the required monthly amount to my above payment method.

Parent/Guardian Name (Please Print): _____ Child's Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Please make all cheques payable to the YMCA of Timmins

376 Poplar Avenue
Timmins Ontario
P4N 4S4

Phone: (705) 360-4381
Fax: (705) 360-4382

www.timminsymca.org

YMCA Privacy Commitment

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