

March Break Camp 2020 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.**

OFFICE USE ONLY

Date Registered: _____

Receipt #: _____

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: _____

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:

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

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

MARCH BREAK CAMP CARE REQUIREMENTS

PLEASE CHECK ALL DATES THAT YOU REQUIRE:

MONDAY, MARCH 16 TH	TUESDAY, MARCH 17 TH	WEDNESDAY, MARCH 18 TH	THURSDAY, MARCH 19 TH	FRIDAY, MARCH 20 TH

PAYMENT POLICY AGREEMENT

- Payment may be made by cash, cheque, debit card, visa or mastercard.
- 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.

School Age Program Fees

Camp Days \$40.00 per day

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 Timmins Family YMCA.
- I understand that the YMCA will directly bill the difference to the Cochrane District Social Services Board each month.
- I also 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 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 Main Office 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: _____