

## Children's Services Registration Form

To process your child's registration, **please complete this form and return it to the YMCA of Northeastern Ontario's administration office along with all required documents one week before your child's start date.**

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_

Location: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Updated: \_\_\_\_\_

### Child's Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birth Date (YYYY/MM/DD): \_\_\_\_\_

Gender: \_\_\_\_\_

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

*Please indicate reaction as well as allergy.*

Drug: \_\_\_\_\_

Food: \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Other: \_\_\_\_\_

**EpiPen:**  Yes  No

**Inhaler:**  Yes  No

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

### Custody Information

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

Custody documents are included?  
 Yes  No  N/A

My child may NOT be released to:  
 \_\_\_\_\_

### Primary Contact: Parent/Guardian 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address:  same as child \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **When my child is in care, I can be reached at:**

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Secondary Contact: Parent/Guardian 2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address:  same as child \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **When my child is in care, I can be reached at:**

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### 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. Please inform them that proper 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: \_\_\_\_\_

### 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 / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information on Canada's anti-spam law, visit the Government of Canada's website by visiting <http://fightspam.gc.ca>. In addition, the YMCA treats privacy seriously. Please visit our website to review our privacy policy.

## 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

## 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: \_\_\_\_\_

## Family Information Guide / Program Statement

Please note that more detailed information regarding our policies and procedures are found in our Family Information Guide, which is available for review on our website [www.ymcaneo.ca](http://www.ymcaneo.ca). You may request a hard copy of the Family Information Guide from your child's program.

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

Parent/Guardian initials: \_\_\_\_\_

## Emergency Medical Consent

I hereby grant permission for the YMCA of Northeastern Ontario 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. If contact is not made with parent/guardian, I authorize the YMCA to secure proper medical treatment as deemed necessary by the medical professional(s) at the hospital. I agree not to hold the YMCA of Northeastern Ontario responsible for any costs or injury arising out of an emergency.

Parent/Guardian initials: \_\_\_\_\_

## Photography Consent (Programming)

I hereby give consent for my child to be photographed for the purpose of YMCA Programming. This may include, but are not limited to the following: Weemarkable or classroom.

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 and for promotion and/or advertising.

Yes  No

Parent/Guardian initials: \_\_\_\_\_

## Chronic Illness, Anaphylaxis Alert & Medication

A chronic illness is when a child requires medication on a regular basis (i.e. Diabetes, etc.) and will require an **Individual Medical Plan**. 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 Anaphylactic Plan** form (available at all YMCA locations). **Your child may not attend our programs without a signed form and their EpiPen or other required medication.**

Should a child require medication while in our care, a parent/guardian is required to complete and sign a **Medication Authorization** form and a YMCA Educator will only administer provided the medication is prescribed from a doctor; or if over-the-counter accompanied by a doctor's note with instructions.

Due to the frequency and their longer-term usage, diaper creams, lip balms, sunscreen, insect repellent, lotion and hand sanitizer can have a blanket authorization form signed by a parent/guardian 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 Educator.**

Parent/Guardian initials: \_\_\_\_\_

## Activities on Property / Neighbourhood Walks

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, including walks within the community.

Parent/Guardian initials: \_\_\_\_\_

## Consent for Sunscreen / Bug Repellent

I understand that it is my responsibility to supply sunscreen of SPF 30 or higher every day for my child. A YMCA Educator will assist or apply the sunscreen or insect repellent prior to outdoor activities according to the instruction on the label. The YMCA Educator will keep an emergency supply of sunscreen onsite. Sunscreen and insect repellent must be labelled with my child's name. We will not accept aerosol sunscreen and insect repellent.

Educators 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.

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

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

Parent/Guardian initials: \_\_\_\_\_

### 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 Educator 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: \_\_\_\_\_

### Absences

If your child will be absent on a scheduled day, please 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. If we do not hear from you, we will assume your child is missing and report failed absences to the police.

Parent/Guardian initials: \_\_\_\_\_

### Developmental Information

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

Yes     No

If yes, please explain:

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### 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:

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## March Break CARE REQUIREMENTS

Please CHECK ALL DATES THAT YOU REQUIRE:

Monday, March 14 <sup>th</sup>	Tuesday, March 15 <sup>th</sup>	Wednesday, March 16 <sup>th</sup>	Thursday, March 17 <sup>th</sup>	Friday, March 18 <sup>th</sup>

**\*You will receive an email notification 2 weeks prior to March Break confirming your child's spot.**

## Payment Policy Agreement

- 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 \$30.00 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.

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### Payment Information

- I will pay the full daily fee for my child.
- I have or will be applying for subsidy. (Please complete Subsidy Information below). **Parent/Guardian Initials** \_\_\_\_\_

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### Subsidy Information

- I have applied for subsidy. My appointment date is \_\_\_\_\_ or a copy of the parent agreement is attached. I have a parental contribution of \_\_\_\_\_ daily that will be paid by me to the YMCA. 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** \_\_\_\_\_

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### 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 of Northeastern Ontario, 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 Northeastern Ontario Family Information Guide. 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 YMCA of any changes to information which may arise. I have reviewed the enclosed policies and procedures and agree to abide by them.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Staff Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Method of Payments Options

Invoices will be emailed between the 10<sup>th</sup> and 15<sup>th</sup> for the month prior. There will be a first email which contains the invoice for the month prior and a second email which will contain the statement showing the balance on your account.

**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 (20<sup>th</sup> 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 authorization to charge my child care expenses in the required monthly amount to my above payment method.

**Child's Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

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

**Staff Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make all cheques payable to the YMCA of Timmins.