

# 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@ymcaneo.ca](mailto:communications@ymcaneo.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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Measles                       | <input type="checkbox"/> Rubella (German measles) | <input type="checkbox"/> Hepatitis     |
| <input type="checkbox"/> Mumps                         | <input type="checkbox"/> Whooping Cough           | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Chicken Pox                   | <input type="checkbox"/> Scarlet Fever            |  |
| <input type="checkbox"/> 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](http://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: \_\_\_\_\_