



Y Kids Club Registration Form

Recreational Before and After School Program

PROGRAM INFORMATION

PROGRAM NAME _____ Before School Care After School Care

START DATE (MM/DD/YY) _____ DISCHARGE (MM/DD/YY) _____

NAME OF SCHOOL YOUR CHILD IS ATTENDING _____ **Current grade as of September 2017:** _____

CHILD'S INFORMATION

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH (MM/DD/YY) _____ DOCTOR'S NAME _____ DOCTOR'S TELEPHONE _____

Is your child taking any medication (if yes, please list below): Yes No

Does your child have any special needs? (medical conditions, disabilities, dietary restrictions, etc.)

PARENT/GUARDIAN INFORMATION

MAIN CONTACT | Relationship: Parent Guardian Other _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

SECONDARY CONTACT | Relationship: Parent Guardian Other _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

ALTERNATE EMERGENCY CONTACT (If parent/guardian cannot be reached)

FIRST NAME _____ LAST NAME _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

INDIVIDUALS ALLOWED TO PICK UP MY CHILD

INDIVIDUAL 1:_____
FIRST NAME_____
LAST NAME_____
RELATIONSHIP TO CHILD_____
TELEPHONE**INDIVIDUAL 2:**_____
FIRST NAME_____
LAST NAME_____
RELATIONSHIP TO CHILD_____
TELEPHONE**MEDICAL EMERGENCY**

I hereby give my permission that, in case of emergency, if I am not immediately available the physician selected by the staff member may hospitalize, secure proper treatment for, order injections, anesthetics or surgery for my child as named. I understand that any expense incurred for such treatment is my responsibility.

Yes No

PARENT/GUARDIAN SIGNATURE**PHOTOGRAPHS**

I hereby give my permission to take, use and/or publish photographs of my child for YMCA-YWCA of the National Capital Region promotional purposes.

Yes No

PARENT/GUARDIAN SIGNATURE**WITHDRAWALS**

I understand the YMCA-YWCA of the National Capital Region requires one month's written notice before withdrawing my child from any Y Kids Club program. If proper notice is not given, I will accept full financial responsibility for the cost of this one month time period.

DISCHARGE POLICY

The YMCA-YWCA of the National Capital Region has the right to terminate a child's participation in any Y Kids Club program if the Y deems that the child is not functioning within the program and his/her behaviour is unacceptable or endangering to other children, staff or him/herself. Termination will occur only after the staff and parents have jointly attempted to help the child adjust to the program.

PHYSICAL ACTIVITIES

I understand and acknowledge there are inherent risks involved in physical activities and consent to my child's participation. The YMCA-YWCA of the National Capital Region accepts no responsibility for such normal activity-related risks. This includes outdoor play.

LATE FEES

I hereby acknowledge that the closure time of the Y Kids Club program. I understand that I will be billed a \$10 late fee every time that I arrive past the closure time to pick up my child.

MONTHLY FEES

I understand that the monthly fees are due in advance. I have completed a Preauthorized Monthly Payment Form and will advise the Y in writing of any changes to my banking information. I understand that there is a \$15 administrative fee for all NSF or declined payments. I understand that if I am late in paying my monthly fees that I risk the loss or disruption to my current Y Kids Club arrangements. I also understand that the monthly fees are set fees and will not change according to my child's attendance. This includes sick days, holidays, statutory holidays, bus cancellation or circumstances beyond the control of the Y.

EXTRACURRICULAR ACTIVITIES

Children participating in other activities after school should be picked up at school by their parents and will not be accepted into the Y Kids Club program. It is not the responsibility of the Y to make arrangements to keep track of the children's departure or arrival for such times.

The YMCA-YWCA of the National Capital Region is committed to being an anti-racist association. We believe that all people have the right to live free from discrimination or harassment of any kind.

PARENT/GUARDIAN AUTHORIZATION

The policies listed on this form briefly outline a few of the main policies pertaining to the Y Kids Club program. I hereby certify that I have read and understand the above agreements. In registering my child in the Y Kids Club, I acknowledge that I have received and read a copy of the Parent Handbook on program policies and agree to adhere to them. I understand that changes in policies will be outlined in written form either in the monthly newsletter or by letter and that it is my responsibility to keep posted on such changes.

Yes, I consent to receiving the YMCA-YWCA of the National Capital Region's newsletter and other commercial messages regarding the YMCA-YWCA of the National Capital Region's products and services. You may withdraw consent at any time using the contact information provided here. Please refer to our Privacy Policy (www.ymcaywca.ca/privacy) or contact us for more details at corporate.services@ymcaywca.ca. (YMCA-YWCA of the National Capital Region, Corporate Services, 180 Argyle Avenue, Ottawa, ON, K2P 1B7).

SIGNATURE_____
(MM/DD/YY)