



# YMCA School Age Programs: P.A. Day & March Break Registration Form

ur Lady o Fatima

What dates do you require care: (Please check)

|   |                                       |   |
|---|---------------------------------------|---|
| <b>P.A Dates</b>                        | <b>Christmas Break</b>                | <b>March Break Dates</b>                |
| <input type="checkbox"/> Sept 27, 2019  | <input type="checkbox"/> Dec 23, 2019 | <input type="checkbox"/> Jan 02, 2020   |
| <input type="checkbox"/> Oct 25, 2019   | <input type="checkbox"/> Dec 24, 2019 | <input type="checkbox"/> Jan 03, 2020   |
| <input type="checkbox"/> Nov 27, 2019   | <input type="checkbox"/> Dec 27, 2019 | <input type="checkbox"/> March 16, 2020 |
| <input type="checkbox"/> Jan 31, 2020   | <input type="checkbox"/> Dec 30, 2019 | <input type="checkbox"/> March 17, 2020 |
| <input type="checkbox"/> April 24, 2020 | <input type="checkbox"/> Dec 31, 2019 | <input type="checkbox"/> March 18, 2020 |
| <input type="checkbox"/> June 05, 2020  |                                       | <input type="checkbox"/> March 19, 2020 |
|   |                                       | <input type="checkbox"/> March 20, 2020 |

**Payment Details:**  Full amount paid in cash or cheque with registration \$45.85 per day  Fee to be added to withdrawal on 1st of month that PA Day or March Break event occurs in

**Total Amount:** \_\_\_\_\_

Do you receive subsidy? Yes  No  Applying

## Child's Information

1st Child's Name: \_\_\_\_\_ Date of Birth: (YYYY/MM/DD) \_\_\_\_\_ Male  Female

2nd Child's Name: \_\_\_\_\_ Date of Birth: (YYYY/MM/DD) \_\_\_\_\_ Male  Female

3rd Child's Name: \_\_\_\_\_ Date of Birth: (YYYY/MM/DD) \_\_\_\_\_ Male  Female

Name of school currently attending: \_\_\_\_\_

## Parent's Information

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_ Address and Postal Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Legal Custody: N/A  Parent #1  Parent #2  Joint  Other \_\_\_\_\_

Do Not Release To: \_\_\_\_\_ Please enclose a copy of the custody agreement, if applicable.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In my absence, I authorize the following people to pick-up my child: \_\_\_\_\_

## Medical Information

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Has your child been diagnosed with any developmental and/or behavioural needs?  Yes  No

Does your child receive additional support in school?  Yes  No

Anaphylaxis  Yes  No

Allergies  Yes  No

Dietary Restrictions  Yes  No

Medical Conditions  Yes  No

## Consents

- Yes I understand that photographs, images or recordings containing my child's picture may be used for promotion on the YMCA website; social media, including Facebook, Instagram and Twitter; and promotional materials such as brochures by the YMCA of Southwestern Ontario.
- No
- Yes
- No I give permission for my child to participate in the full range of P.A. Day activities, including off-site activities.

- I have read the parent handbook and agree to comply with rules and regulations as specified.
- It is understood that adequate supervision will be provided by staff of the YMCA of Southwestern Ontario, and while every care will be taken, the Child Care Centre will not be held liable for any accident or injury that may occur.
- I will be responsible for any cost incurred due to ambulance and medical fees.
- Every attempt to contact parents/guardians or the emergency contact will be made in the event my child requires emergency medical treatment.
- I understand the legal obligation of the staff to report any suspected abuse to the proper authorities.

By signing below, I agree to the above terms set out by the YMCA of Southwestern Ontario related to the School Age Program, for which I am registering my child.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

COMPLETED REGISTRATIONS SHOULD BE DROPPED OFF AT THE SCHOOL OR EMAILED TO THE DIRECTOR