

Licensed Summer Club Registration Form

<p><u>Child Care Location</u></p> <input type="checkbox"/> Lac Des Bois <input type="checkbox"/> Massey <input type="checkbox"/> Highland <input type="checkbox"/> Highland Early Drop-off *\$20 per week (7:00am onwards)	<p>SELECT WEEK(S) 7:45am – 6:00pm</p> <input type="checkbox"/> Week 1: July 4-7.....\$157.00 (closed July 3) <input type="checkbox"/> Week 2: July 10-14.....\$197.00 <input type="checkbox"/> Week 3: July 17-21.....\$197.00	<p>AGES 5 – 12 (Must be in school)</p> <input type="checkbox"/> Week 4: July 24-28.....\$197.00 <input type="checkbox"/> Week 5: July 31-August 4..\$197.00 <input type="checkbox"/> Week 6: August 8 – 11.....\$157.00 (closed Aug 7)	<input type="checkbox"/> Week 7: August 14-18.....\$197.00 <input type="checkbox"/> Week 8: August 21-25.....\$197.00 <input type="checkbox"/> Week 9: August 28 – Sept 1.\$197.00
<p>PART TIME OPTION ONLY</p> <input type="checkbox"/> Highland 2 days - \$80.00 3 days- \$120.00 5 days- \$197.00 *Limited part time spaces at Highland location <u>only</u> .	<input type="checkbox"/> Week 1: July 4 - 7 <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 2: July 10 - 14 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 3: July 17-21 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Week 4: July 24-24 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 5: July 31- August 4 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 6: August 8 – 11 (closed Aug 7) <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Week 7: August 14-18 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 8: August 21-25 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 9: August 28 – September 1 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

PARTICIPANT INFORMATION (REQUIRED FOR ALL PROGRAMS – PRINT LEGIBLY)

First Name: _____ Last Name: _____

Birthdate (yy/mm/dd): ____/____/____ Male Female Age (as of start date): _____

Street Address: _____ City/Prov: _____

Postal Code: _____ Email: _____ Emergency Phone: _____

Parent /Guardian (A): _____

Parent Guardian (B): _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Alternative Emergency Contact: _____ Phone: _____

Custody (Parent A/Parent B/Both/Other): _____

Who can pick up your child/Authorized pick up? _____
Name on this form must match government issued photo ID

Is there an individual(s) who **should not** be contacting/visiting/picking up your child? _____

Photo ID is required for pick up (must be 19 years of age or older)

**British Columbia child care licensing requires the YMCA to have a current, good quality photograph or digital image of each child. Please attach with this form or email to corrine.hemeryck@nbcy.org.*

MEDICAL INFORMATION (REQUIRED) *Health Care Coverage Required*

Care Card #: _____ Child covered by BC Medical
 Alternative Healthcare If yes to Alternative Healthcare, attached details on separate sheet.
Child doctor's name: _____ Phone #: _____
Child dentist's name: _____ Phone #: _____
Is your child's immunization current? Yes No (See Page 4 of this form)
Does your child require special medical attention or take daily medications? Yes No
If yes, provide details:

**If yes, please request the appropriate medical release forms. These need to be complete for registration to be finalized.*
Does your child have difficulties, which may require some program adaptations including extra behavioural guidance? Yes No If yes, provide details:

Is your child currently on a medication vacation? Yes No
If yes, provide details:

ALLERGIES OR DIETARY RESTRICTIONS (REQUIRED)

Does your child have any allergies, dietary restrictions? Yes No
If yes, please provide details of allergy and/or dietary restrictions:

Mild Moderate Severe Anaphylactic Treatment & comments:

**If your child requires an epi pen or puffer you must complete the required medication release forms before attendance*

CONSULTATION REQUEST

I require a consultation with the Child Care Coordinator regarding elements of my child's participation:
 Yes No

ADDITIONAL INFORMATION

Is there anything we need to know to ensure a positive care experience for your child? (Separation anxiety, Behavioural, etc...)

COMPLETE ALL REQUIRED INFORMATION - INCOMPLETE REGISTRATIONS WILL NOT BE PROCESSED

Parent's Commitment: I have discussed with my child and confirm that this child agrees to participate in the full program including field trips and lake visits by bus, to follow safety instructions and/or refrain from behaviour that is harmful to oneself and others. I understand and support the Child Care policy and understand that abusive or unsafe behavior is cause for dismissal without refund of Child Care fees.

For an expanded description please refer to our School Aged Parent Handbook which can be found at http://www.nbcy.org/Documents/ymca_school_age_info_feb2014.pdf

I have read and understand the above. Please initial here: _____

Field Trips: In permitting my child to attend YMCA Licensed Summer Care Program, I, the undersigned, permit my child to participate on various field trips. **These may include unscheduled, spontaneous local trips walking or on public transportation or on planned outings using YMCA transportation.**

Name of Parent/Guardian (please print): _____ Date: _____

Parent/Guardian's signature: _____

Photo Consent: I authorize the YMCA to use any photos and/or videos of my child obtained while engaged in YMCA programs for promotional purposes.

I have read and understand the above. Please initial here: _____

In permitting my child to attend YMCA Licensed Summer Care Program; I, the undersigned, permit my child to participate in the full range of activities and authorize the Child Care Coordinator or his/her appointee, in the event of accident or illness affecting this above named child to authorize on my behalf all procedures, including transportation by ambulance, admission to hospital and necessary treatment there in, as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood the YMCA is not responsible for medical care or ambulance costs.

I have read and understand the above. Please initial here: _____

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the YMCA of Northern BC, Diversified Ltd., School District 57, the City of Prince George and Girl Guides of Canada; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in YMCA Summer Care Programs. The YMCA is not responsible for any lost or damaged personal items such as clothing, electronic devices. Come prepared to dig in, have fun, and get a little...or A LOT messy!

I have read and understand the above. Please initial here: _____

Print Name: _____ Signature of Parent /Guardian: _____

Date: _____

Please note: For a full list of our policies please visit www.nbcy.org.

Immunization Record

Name of Child Care Program: _____

The Child Care Licensing Regulation, Section 21 (l) (a) states that all children attending licensed care must have a record of their immunization(s). The following information must be recorded on each child attending the program and kept in facility files. A current photocopy of the child's health passport is also acceptable.

The Immunization Program is voluntary. Parents who choose NOT to immunize their child must understand the consequences of this in relation to the nature of a child care setting. The YMCA will record those parents who have declined to participate in the Provincial Immunization program.

Name of child: _____

 Immunization Record Attached: Yes No

 Yes No my child has been immunized in the Provincial Immunization Program

Date and signature of parent/guardian: _____

My child has received additional immunizations: _____

BASIC IMMUNIZATION SCHEDULE							
	2 months	4 months	6 months	12 months	18 months	Starting at 4 years of age	Grade 6
DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)	✓	✓	✓				
DTaP-IPV-Hib (diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b)					✓		
Pneumococcal conjugate	✓	✓		✓			
Rotavirus	✓	✓					
MMR				✓			
Meningococcal conjugate C	✓			✓			
Varicella				✓			
MMRV (measles, mumps, rubella, varicella)						✓	
Human Papillomavirus (HPV)							✓ Girls Only
DTaP-IPV (diphtheria, tetanus, pertussis, polio)						✓	

The Hepatitis A vaccine is provided free to aboriginal children and adolescents aged 6 months to 18 years living both on-reserve and off-reserve. Infants will receive the first dose at 6 months of age and the second dose at 18 months of age. Older children and adolescents need 2 doses of the vaccine. The second dose needs to be given at least 6 months after the first dose.

Hepatitis A Vaccine Yes No

The Hepatitis B vaccine is provided free to babies in B.C. as a series of 3 doses at 2, 4 and 6 months of age in combination with other routine childhood vaccines. Children who did not complete their infant hepatitis B vaccine series or have never received the vaccine will be offered hepatitis B vaccine for free in grade 6.

Grade 6: Hepatitis B Vaccine Yes No

Td - Every ten years after 18 month Yes No

The HPV vaccine is provided free to girls in grade 6 as a series of 2 doses. The vaccine is also provided free to women born in 1994 or later who are 26 years of age and under who have not received the vaccine. The vaccine is also provided free to males who are at increased risk of HPV.

HPV Vaccine Yes No

Children who had chickenpox or shingles disease, diagnosed by a health care provider, at 1 year of age or older do not need the chickenpox vaccine. Children who received a single dose of chickenpox vaccine at a younger age only need 1 dose in grade 6. Children who have never received the chickenpox vaccine need 2 doses. Children entering school who need both a 2nd dose of MMR and varicella vaccines may be immunized with MMRV vaccine.

Grade 6: Chickenpox Vaccine Yes No

Provincial Schedule of Immunization may change without notice

Payment (Taxes are included in the fees) *Registrations without payment will not be processed*

Full payment or a non-refundable deposit of \$75.00 per child/per registration is required. Payment must be made in full by cash, credit card or a Pre-Authorized Payment Plan (PAPP). Any changes to Child Care registrations are subject to a \$25.00 non negotiable administrative fee. (Examples include but not limited to; Changing weeks or locations.) To set up a PAPP please bring in a credit card or void cheque and fill out page 6.

Total due upon registration = \$ _____

Payment Method: VISA MasterCard AMEX Cash Interact (at YMCA)

Refund Policy: Cancellations SEVEN DAYS prior to the first week of care will receive a full refund less the deposit of \$75. Parents are responsible for the full fee. Any changes to Child Care registrations are subject to a \$25.00 non negotiable administrative fee. (Examples include but not limited to; Changing weeks or locations.) If part of your child care fee is paid through the Ministry for Children and Family Development (MCFD) Child Care Subsidy, you are responsible to apply for and **keep current** your child care subsidy and understand that you are responsible for the full child care fee if you fail to renew your subsidy.

Authorization: I authorize the YMCA of Northern BC to process the above payment to be applied to YMCA programs. I have read the refund policy.

Signature: _____ Date: _____

YES, I WILL SUPPORT “YMCA STRONG KIDS” AND HELP SEND A KID TO CAMP!

Enclosed is my donation of: \$5 \$10 \$50 \$100 Other \$ _____

Payment Method: Cheque VISA MasterCard AMEX
 Cash Interact (at YMCA)

PLEASE COMPLETE ONE FORM FOR EACH CHILD.

Send completed registration forms, with signatures and payment to:

YMCA of Northern BC

Attn: Child Care Administration

P.O. Box 1808 – 2020 Massey Drive

Prince George, BC V2L 4V7

Fax: 250-596-0480

QUESTIONS?

**Call Corrine Hemeryck at 250-562-9341 ext. 109
or email corrine.hemeryck@nbcy.org**

PRE-AUTHORIZED PAYMENT CONTRACT

Date:	Parent Surname:	Parent First Name:
Program: Licensed Summer Club	Child's Last Name:	Child's First Name:

How did you hear about or what helped you decide in choosing YMCA Child Care: _____

Form of pre-authorized payment:

- Void Cheque
 VISA
 Mastercard
 Amex

I hereby authorize the YMCA of Northern BC to deduct child care fees from my financial institution or credit card on the 1st/15th and/or 20th of each month and a non refundable \$75.00 non-refundable deposit at time of registration.

- I understand that a service charge of \$20.00 will be charged to my child care account for any Returned payments.
- My child care services will be cancelled if payment plan is not received within five (5) days of dated letter.
- Cancellations seven days prior to the session start date will receive a full refund less the deposit per week of care.
- changes to Child Care registrations are subject to a \$25.00 non negotiable administrative fee.
- Refunds will not be given if a child is sent home for misconduct.

Signature: _____

Date: _____

The YMCA of Northern BC is committed to protecting personal information by following responsible information handling practices in keeping with Canada's privacy laws. We collect and use personal data in order to better meet service needs, to ensure the safety of our participants, to properly care for children, for statistical purposes, to assist with administration of all financial transactions, to inform participant/members about YMCA programs and to satisfy government and regulatory obligations. Program participants, registrants and member may also hear from us periodically about YMCA programs, services and opportunities that may be of interest to you. This may include philanthropic activities. We collect information that you provided to us voluntarily. We do not sell, trade or rent any of this personal information.