

School Age Care Registration Form

Welcome to YMCA Child Care. As per Licensing Regulation 49 subsection 2: A Licensee must not provide care to a child unless the licensee has first ensured that the child's parents or emergency contact can be readily contacted while the child is in care. Registration forms must be fully completed with the child's **Care Card** number, **immunization records** and a **current picture**. Forms must be returned to the Coordinator of Child Care Administration a minimum of two (2) business days before your child begins care. We look forward to getting to know your family.

Name of YMCA Child Care Centre/Program: _____			
Name of Child: _____		_____	
(First Name)		(Last Name)	
Address: _____			
Home Phone: _____	DOB: ____ ____ ____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Month Day Year		
School: _____	Grade: _____	Bus Service Req'd <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT/GUARDIAN #1

Name: _____

(First Name) (Last Name)

Address: _____

Postal Code: _____ Home phone: _____

email: _____

Parent #1 Date of Birth: ____/____/____

Month Day Year

Relation to child: _____

Employer: _____

Work phone: _____ ext: _____

Cell phone: _____

PARENT/GUARDIAN #2

Name: _____

(First Name) (Last Name)

Address: _____

Postal Code: _____ Home phone: _____

email: _____

Parent #2 Date of Birth: ____/____/____

Month Day Year

Relation to child: _____

Employer: _____

Work phone: _____ ext: _____

Cell phone: _____

FOR YMCA USE ONLY

Start date: ____ ____ ____	Program: Ecole Lac des Bois <input type="checkbox"/> Before School <input type="checkbox"/> After School
Month Day Year	
End date: ____ ____ ____	Highland <input type="checkbox"/> Before School <input type="checkbox"/> After School
Month Day Year	<input type="checkbox"/> Massey Drive <input type="checkbox"/> St. Giles Church <input type="checkbox"/> Westwood Elementary
	<input type="checkbox"/> Immaculate Conception School <input type="checkbox"/> Y Citizens
	<input type="checkbox"/> Ospika (Westwood Church) M__ T__ W__ TH__ F__
	Vanderhoof <input type="checkbox"/> Before School <input type="checkbox"/> After School M__ T__ W__ TH__ F__
Current Monthly Fee \$ _____	Bus Route # _____

Authorized Pick Up List

*You must be 19 years of age or older and present proper ID.

I authorize the following people **(in addition to the Parent/Guardian 1 & 2 information already listed on page 1)** to pick up my child and/or be contacted in case of emergency:

1. **Name:** _____
(First Name) (Last Name)

Address: _____
(Street) (City) (Postal Code)

Home phone: _____ Work phone: _____ Ext: _____

Relationship to child: _____

2. **Name:** _____
(First Name) (Last Name)

Address: _____
(Street) (City) (Postal Code)

Home phone: _____ Work phone: _____ Ext: _____

Relationship to child: _____

3. **Name:** _____
(First Name) (Last Name)

Address: _____
(Street) (City) (Postal Code)

Home phone: _____ Work phone: _____ Ext: _____

Relationship to child: _____

Parent/Guardian Signature

Date

Please note that we will only release a child to the people listed on this form/emergency permission card. People listed must have picture identification on hand to verify their identity. A child will only be released to people not listed when a staff has received written consent from the parent/guardian confirming that the person is permitted to take the child. Staff will check picture identification.

Name of Child: _____
(First Name) (Last Name)

HEALTH INFORMATION

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Does your child have any allergies? Yes No

If yes to what is your child allergic? _____

Is this allergy life threatening? Yes No

What is the reaction? _____

Specific Instructions: _____

If an allergy exists you must request the required consent forms for any medication your child may need (ex. Epi pen, Benedryl)

BC Care Card Personal Health Number: |__|__|__|__| |__|__|__| |__|__|__|

Does your child have any health or medical issues such as?

- Special medications
- Vision
- Hearing
- Other

- Speech/Language
- Require a special diet
- Experience Seizures
- Specify: _____

Specific Instructions: _____

Has your child received a diagnosis by a medical or mental health professional? Yes No

If yes, what is the diagnosis? _____

Other health professionals involved with your child:

_____ Phone: _____

_____ Phone: _____

Other information: _____

For medication to be administered at the centre, you must request the required medication consent forms (ex. Puffer)

Immunization Record

Name of Child Care Program: _____

The Child Care Licensing Regulation, Section 21 (I) (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

Name of Child: _____
(First Name) (Last Name)

SOCIAL INFORMATION

Child lives with: Both Parents Mother Father Guardian
Other siblings in home: Yes No

Names and Ages of Siblings: _____

Other adults in home (if yes, please include name[s]):

Is there a custody agreement? Yes No **If yes, it must be attached as required by law.**

If you have joint custody, please specify pick-up arrangements: _____

If you do not have a legal custody agreement but have an informal separation agreement, please give specifics:

Please indicate person(s) to whom your child MAY NOT be released (name and description):

(1) _____

(2) _____

Child's Ethnicity: _____
(Answer optional as we are collecting data for statistical purposes only)

Child's first language: _____ Second language: _____

Languages spoken at home: _____

Are there any cultural festivals that you celebrate in your home? _____

If applicable, English-speaking contact: Name/relationship to child: _____

Home phone: _____ Work phone: _____ Ext: _____

Name of Child: _____
(First Name) (Last Name)

BEHAVIOURAL INFORMATION

When filling out this section we encourage parents to give us as much information as possible. Knowing about your child's behaviour allows our staff to take a proactive approach to their individual needs and therefore help to ensure that they are successful and enjoy the program.

DOES YOUR CHILD:

- | | | |
|------------------------------------------------------------|------------------------------|-----------------------------|
| Display signs of anxiety in a group of children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require assistance dressing, toileting, feeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require assistance in following classroom routine/rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Receive support from a teacher's assistant at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have an Individual Education Plan at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Display frequent aggressive behaviour? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Display sexualized behaviour? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have unique information processing needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have difficulty accepting consequences for their behaviors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have medical issues such as hearing loss, seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HAS YOUR CHILD:

- | | | |
|---------------------------------------------------------------------|------------------------------|-----------------------------|
| Been asked to leave a child care program due to behavioural issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Received services from Supported Child Care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Required support staff in a child care setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ADDITIONAL COMMENTS:

CONSULTATION REQUEST

I require a consultation with the Child Care Coordinator regarding elements of my child's participation:

- Yes No

Name of Child: _____
(First Name) (Last Name)

FIELD TRIPS

In permitting my child to attend YMCA Child Care, 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): _____

Parent/Guardian's Signature: _____ Date: _____

PARENT COMMITMENT

I have read the Parent Handbook, have clarified any questions I had and I commit and confirm that my child will participate in the full program including: field trips 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 that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use as well as abusive behavior is cause for dismissal without refund of Child Care fees.

I the undersigned permit my child to participate in the full range of activities and authorize the YMCA of Northern BC or his/her appointee, in the event of accident or illness affecting the below named child to authorize on my behalf all procedures, including 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, 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; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in YMCA Child Care Programs.

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____ Date: _____

EMERGENCY PERMISSION CARD

Child Care Facility _____	Child's Name _____	
Address _____	Phone _____	
Hair Colour _____	Eye Colour _____	Birth Date _____
Address _____	Home Phone _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Mother's Name _____	Work Phone _____
Father's Name _____	Work Phone _____
Mother's Home Phone _____	Father's Home Phone _____
Mother's Cell Phone _____	Father's Cell Phone _____

Emergency Contact _____	Phone _____
Address _____	Cell Phone _____

Child's Doctor _____	Phone _____
Child's Care Card # _____	
Allergies _____	Medication _____
Medical Condition _____	
Child's Dentist _____	Phone _____

It is the Child Care's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and we need to get immediate help for the child. Our procedure is to have the child taken to the nearest emergency service by ambulance (ambulance fee is the parent's responsibility.) If an ambulance is not available, the caregiver/staff of the childcare will transport the child.

I hereby give permission to the caregiver staff of _____ child care to make necessary transportation arrangements for my child who has become ill or injured.

Parent/Guardian signature _____ Parent/Guardian signature _____

Caregiver/staff signature _____ Date _____

Photo and Video Consent, Assignment and Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be used by the YMCA in connection with the Purposes**, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "Work Product"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs**, its officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of 18 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 18, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name: _____

Telephone No.: _____

Address: _____

Signature of Participant

Signature of Witness

Name of Parent or Guardian, if applicable

Date	Surname	First Name
Program	Child's Surname	Child's First Name

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

Form of pre-authorized payment (attached)

- Void Cheque
 VISA
 Mastercard
 AMEX

Initial at each line.

_____ I hereby authorize the YMCA of Northern BC to deduct monthly 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 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 a payment plan is not received within five days of dated letter.

_____ In the event that I want to make changes to program my child attends or to withdraw my child from the program, I agree to provide one calendar month's notice on the first of the month.

_____ If there are outstanding fees the YMCA will attempt to withdraw at a later date or may release information to a third party collection agency.

_____ It is the parent's responsibility to keep child care subsidy current - the parent is responsible for the full child care fee if child care subsidy is not in place.

_____ Without a full calendar month's notice of removing my child from the program, I will be responsible for paying the next month's fees.

_____ It is the responsibility of the parent to ensure the YMCA has a current address. Child care fees are subject to annual increases however, parent/guardians will be notified in advance of any such increases. Any fee increases/changes will be adjusted accordingly.

Signature _____ Date _____

Please return the completed registration package to our confidential fax: 250 596 0480.