

Licensed Summer Club Registration Form

Child Care Location <input type="checkbox"/> Lac Des Bois <input type="checkbox"/> Massey <input type="checkbox"/> Highland <input type="checkbox"/> Highland Early Drop-off *\$25.00 per week (7:00am onwards)	SELECT WEEK(S) 7:45am – 6:00pm <input type="checkbox"/> Week 1: July 3-6.....\$160.00 (closed July 2) <input type="checkbox"/> Week 2: July 9-13.....\$199.00 <input type="checkbox"/> Week 3: July 16-20.....\$199.00	AGES 5 – 12 (Must have completed Kindergarten) <input type="checkbox"/> Week 4: July 23-27.....\$199.00 <input type="checkbox"/> Week 5: July 30-August 3..\$199.00 <input type="checkbox"/> Week 6: August 7-10.....\$160.00 (closed Aug 6)	<input type="checkbox"/> Week 7: August 13-17.....\$199.00 <input type="checkbox"/> Week 8: August 20-24.....\$199.00 <input type="checkbox"/> Week 9: August 27-31.....\$199.00
PART TIME OPTION ONLY <input type="checkbox"/> Highland 2 days - \$84.00 3 days- \$126.00 *Limited part time spaces at Highland location <u>only</u> .	<input type="checkbox"/> Week 1: July 3-6 <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 2: July 9-13 <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: 16-20 <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 23-27 <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 30- August 3 <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 7-10 (closed Aug 6) <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Week 7: August 13-17 <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 20-24 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Week 9: August 27-31 <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@nbc.ymca.ca.***

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...)



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://nbc.ymca.ca/wp-content/uploads/2017/08/ymca_school_age_info_feb2014.pdf

By Checking this box, I have read, understand and consent to the above.

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.**

By Checking this box, I have read, understand and consent to the above.

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. It is the YMCA Facility's policy to notify a parent when a child is ill or in need of medical attention. When deemed necessary by staff, emergency medical help will be sought first and parents contacted second. It is understood the YMCA is not responsible for medical care or ambulance costs.

By Checking this box, I have read, understand and consent to the above.

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!

By Checking this box, I have read, understand and consent to the above.

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief. In signing this application with an electronic signature, I acknowledge and agree that such electronic signature has the same legal effect as a written signature.

Signature of Parent /Guardian (please type name): _____

Date: _____

Please note: For a full list of our policies please visit nbc.ymca.ca.

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

My child has received additional immunizations: _____

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief. In signing this application with an electronic signature, I acknowledge and agree that such electronic signature has the same legal effect as a written signature.

Signature of Parent /Guardian (please type name): _____ Date: _____

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

YMCA 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 the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an “**Authorized Third Party**”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the “**Purposes**”). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

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 and any Authorized Third Party 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 reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the “**Work Product**”). I confirm that neither the YMCA nor any Authorized Third Party shall 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 other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature 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.

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, any Authorized Third Party and their respective** 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 majority in my province or territory of residence 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 majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

YMCA Photo and Video Consent, Assignment and Release Form

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.

YES - I agree to the terms and conditions above.

NO – I do not want to have my picture taken or used. By ticking this box I understand it is my responsibility to be aware of filming and that I must remove myself from areas being filmed or notify the photographer IMMEDIATELY not to take my picture or film me.

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief. In signing this application with an electronic signature, I acknowledge and agree that such electronic signature has the same legal effect as a written signature.

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

Date: _____

Print Name of Participant / Staff/ Volunteer: _____

Telephone No.: _____

Address:

Signature of Witness

Signature of Participant / Staff / Volunteer

Print Name of Parent or Guardian, if applicable

Signature of Parent or Guardian, if applicable

PAYMENT CONTRACT

Incomplete registrations will not be processed

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
 Interac/Cash

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.

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*

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 is not received within five (5) days of dated letter.

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.

Cancellations seven days prior to the session start date will receive a full refund less the deposit per week of care.

It is the parents/guardians responsibility to apply and keep child care subsidy current- parents/guardians are responsible for the full fee if the child care subsidy is not in place

Refunds will not be given if a child is sent home for misconduct.

I authorize the YMCA of Northern BC to process the above payment. I have read the payment contract and agree to the terms stated.

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief. In signing this application with an electronic signature, I acknowledge and agree that such electronic signature has the same legal effect as a written signature.

Signature of Parent /Guardian (please type name): _____ Date: _____

Send completed registration forms with signatures, photo of child and payment to:

YMCA of Northern BC
 Attn: Corrine Hemeryck
 P.O. Box 1808 – 2020 Massey Drive
 Prince George, BC V2L 4V7
 E-mail: corrine.hemeryck@nbc.ymca.ca
 Fax: 250-564-2474

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.