

YMCA Beyond the Bell Registration Form

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

Address: _____ City/Province: _____ Postal Code: _____

DOB: ____|____|____ Gender: _____ Grade: _____
Month Day Year

Classroom Teacher(s): _____ Support Teacher (if applicable): _____

PARENT/GUARDIAN A

PARENT/GUARDIAN B

Name: _____
(First Name) (Last Name)

Name: _____
(First Name) (Last Name)

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Postal Code: _____ Home Phone: _____

Postal Code: _____ Home phone: _____

Cell Phone: _____ Work Phone: _____

Cell Phone: _____ Work Phone: _____

What is the best number to reach Parent/Guardian (A) at while child is in program? _____

What is the best number to reach Parent/Guardian (B) at while child is in program? _____

YMCA Beyond the Bell uses email to send important information and reminders as well as monthly newsletters. Please leave the email below that you check most frequently.

YMCA Beyond the Bell uses email to send important information and reminders, as well as monthly newsletters. Please leave the email below that you check most frequently.

email: _____

email: _____

Child has custody with: Both Parents Parent/Guardian A Parent/Guardian B

Who should not be contacting/visiting/picking up the child? (if applicable):

FOR YMCA USE ONLY

Start date: ____|____|____ End date: ____|____|____
Month Day Year Month Day Year

Reason for ending program participation: End of Year YMCA Termination Parent/Guardian Termination

Emergency Contact List

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

*** Only people above the age of 16 may be authorized to pick up your child from program. Government issued picture ID is required for pick up. If government issued picture ID cannot be acquired by someone on the authorized pick up list, please attach a picture of the person with their name to this form.**

1. **Name:** _____ Relationship to child: _____
(First Name) (Last Name)

Home phone: _____ Cell Phone: _____ Work phone: _____

What is the best number to reach emergency contact 1 at while child is in program? _____

2. **Name:** _____ Relationship to child: _____
(First Name) (Last Name)

Home phone: _____ Cell Phone: _____ Work phone: _____

What is the best number to reach emergency contact 2 at while child is in program? _____

3. **Name:** _____ Relationship to child: _____
(First Name) (Last Name)

Home phone: _____ Cell Phone: _____ Work phone: _____

What is the best number to reach emergency contact 3 at while child is in program? _____

In addition to Parent/Guardian A & B, and the above emergency contacts who else can pick up your child?:

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature

Date

Please note that we will only release a child to the people listed on this form. People listed must have government issued picture identification on hand to verify their identity, unless a picture of them is provided with this form. A child will only be released to people not listed when a staff has received written and signed consent from the parent/guardian confirming that the person is permitted to take the child. Staff will check government issued picture identification. Additional authorized pick-ups can be added at any time throughout the year by a parent/guardian in person. People may not be added to the authorized pick up list over the phone or through email.

I have read and understand the above.

Please Initial Here: _____

Health and Behavioral Information

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

HEALTH INFORMATION

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

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Is the child immunized as required by the Education Act? Yes No ****If no, please attach copy of exemption***

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, Benadryl). Without proper complete consent forms medications cannot be administered by staff or child during program.***

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

Asthma

Speech/Language

Vision

Require a special diet

Hearing

Experience seizures

Other: _____

Specific Instructions: _____

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

If yes, what is the diagnosis? _____

Does the child require special medical attention or take daily medication? Yes No

If yes, please give details: _____

Is your child currently on a medication vacation? Yes No

If yes, please give details: _____

Will the child need medication given while at the Beyond the Bell program? Yes No

If yes, please give details: _____

**** For medication to be administered at the centre, you must request the required medication consent forms (ex. Puffer).
Without proper complete consent forms medications cannot be administered by staff or child during program.***

Other health professionals involved with your child (if applicable):

_____ Phone: _____

_____ Phone: _____

Other information: _____

BEHAVIORAL INFORMATION

When filling out this section we encourage parents to give us as much information as possible. Knowing about your child's behavior 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 have a behavior plan at home or at school? Yes No

****If yes, please attach the behavior plan. If possible, behavior plans followed at home or at school will be used at Beyond the Bell in order to be consistent across all domains of the child's life.***

Does the child have difficulties, which may require some program adaptations including extra behavioral guidance? Yes No

If yes, please give details: _____

CONSULTATION REQUEST

I require a consultation with the Beyond the Bell Program Supervisor regarding elements of my child's participation: Yes No

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature

Date

In order for a child in the care of the YMCA to take or be given medication a consent to administer medication form needs to be filled out by a parent/guardian. Children should not be in the possession of medication while participating in the YMCA Beyond the Bell program. If children are caught in the possession of medication this medication will be removed from the child's possession and returned to the parent/guardian at pick up. Medication includes puffers and EpiPens.

I have read and understand the above.

Please Initial Here: _____

Authorization and YMCA Beyond the Bell Permission

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

CHILD'S COMMITMENT

I want to participate in the YMCA of Northern BC Beyond the Bell program. I agree to abide by the YMCA Beyond the Bell Rules. I will do my best to make this a good experience for myself and fellow children. I understand that failure to live up to this promise might result in my dismissal from the Beyond the Bell program. I understand that electronics are not permitted while participating in the Beyond the Bell program and will be confiscated to be returned at the end of the day, after discussion with a parent/guardian, if seen using them.

Child's Signature: _____

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.

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

PHOTO RELEASE

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:** _____

LATE PICK-UP

I understand that the YMCA of Northern BC program operates Monday, Wednesday, Friday or Tuesday, Thursday, Friday. Your child must be picked up daily by 5:00pm by an adult of 16 years of age or older that is authorized for pick up and presents a piece of government issued photo identification or who's picture is attached to this form. I acknowledge that a late fee of a dollar a minute will be charged to myself for late pick up based on the time displayed on the program cell phone. This money is paid directly to the staff member at the time of late pickup. After being half an hour late and if no contact has been made with any parent/guardians or any of the designated emergency contacts to state they are on route to pick up their child staff will call the Ministry for Children and Family Development Emergency Services who will come and take the child into care until a parent or guardian can be located.

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

PARENT/GUARDIAN COMMITMENT

I have read the Beyond the Bell 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, to follow safety instructions and/or refrain from behavior 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.

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, and the City of Prince George; along with their current and former employees and agents; for any and all injuries or losses suffered by my child as a result of participating in YMCA Child Care Programs. I understand that the YMCA is not responsible for any lost or stolen items such as clothing and electronic devices.

In permitting my child to attend YMCA Child Care Programs; I, the undersigned, permit my child to participate in the full range of activities and authorize the Beyond the Bell Program Supervisor 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.

I authorize the YMCA to share and discuss with the school the child's daily activities, and academic and social development at school and Beyond the Bell.

I, the undersigned, have read and understand all articles within this form.

Parent/Guardian Name (written): _____
(First Name) (Last Name)

Date: _____

Parent/Guardian Signature: _____