



# Early Learning Child 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 parent 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 Program: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

Month Day Year

### Parent/ Guardian #1

Name: \_\_\_\_\_

(FirstName) (Last Name)

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent#1 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Relation to child: \_\_\_\_\_

Employer: \_\_\_\_\_

Workphone: \_\_\_\_\_ ext: \_\_\_\_\_

Cellphone: \_\_\_\_\_

### Parent/ Guardian #2

Name: \_\_\_\_\_

(FirstName) (Last Name)

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent#2 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Relation to child: \_\_\_\_\_

Employer: \_\_\_\_\_

Workphone: \_\_\_\_\_ ext: \_\_\_\_\_

Cellphone: \_\_\_\_\_

### FOR YMCA USE ONLY

Parent Contact verified by: \_\_\_\_\_

Date: \_\_\_\_\_

StartDate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Current Monthly Fees: \_\_\_\_\_

### PROGRAM

- Highland Infant Toddler
- Lac Des Bois Infant Toddler
- Lac Des Bois Group 3-5 Care
- Tiny Y Preschool T/TH AM
- Parkhouse Infant Toddler
- Massey Infant Toddler
- Highland Group 3-5 Care
- Lac Des Bois Preschool T/TH
- Lac Des Bois Neighbourhood Scholars M/W/F
- Parkhouse Group 3-5 Care
- Massey Group 3-5 Care
- St. Giles Group 3-5 Care
- Tiny Y Preschool M/W/F AM

### VANDERHOOF:

- Infant Toddler
- Preschool
- Group 3-5 Care

FORT ST. JAMES:  Multi-age

FORT ST. JOHN:  I am applying for priority access and have the verification form from:  Northern Health  School District 60

- Margaret Ma Murray Infant Toddler
- Margaret Ma Murray Group 3-5 Care
- Anne Roberts Young Infant Toddler
- Anne Roberts Young Group 3-5 Care
- Robert Ogilvie Multi Age

CHETWYND:  Infant Toddler  3-5 Group Care

TUMBLER RIDGE:  Preschool  3-5 Group Care



# Authorized Pick up List

\*You must be 19 years 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: \_\_\_\_\_

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.

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: \_\_\_\_\_

*if you do not have a doctor or dentist please complete with the local walk in information and phone number*

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  Speech/Language
- Vision  Require a special diet
- Hearing  Experience Seizures
- Other  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 (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  
 My child has been immunized in the Provincial Immunization Program:  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. 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.

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)							✓	
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 beforehand allows us 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, feeding?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require assistance toileting?*                              | <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 sexualized behaviour?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have medical issues such as hearing loss, seizures?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Display frequent aggressive behaviors?                      | <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 |

**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 |

\*Children enrolled in Preschool must be potty trained

If you checked YES to any of the above, please explain in ADDITIONAL COMMENTS.

**ADDITIONAL COMMENTS:**

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**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.

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.

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 Family 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.

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.

Name of Parent/Guardian (please print): \_\_\_\_\_

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

**REPAYMENT AGREEMENT**

Should it become necessary to close your YMCA child care program for longer than five business days due to situations beyond our control such as natural disasters, unsafe weather conditions, unsafe building hazards, or any other unforeseen situation, the YMCA will make every effort to provide an alternate location. When it is not possible to secure an alternate location, the YMCA of Northern BC will refund your prepaid child care fees in a timely manner. Refunds will not issued for unforeseen closure of less than five business days

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 _____
Home Address _____		Home Phone _____
Gender: _____		

Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
Parent/Guardian #1 Work Phone _____	Parent/Guardian #2 Work Phone _____
Parent/Guardian #1 Home Phone _____	Parent/Guardian #2 Home Phone _____
Parent/Guardian #1 Cell Phone _____	Parent/Guardian #2 Cell Phone _____

Emergency Contact _____	Phone _____
Address _____	Cell Phone _____

*(in addition to the Parent/Guardian 1 & 2 information already listed on page 1)*

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

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 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.

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.

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.

Parent/Guardian's Signature: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

Caregiver/staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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 YMCAs 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.

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.

**By signing my name, 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: \_\_\_\_\_

I, the undersigned, hereby certify that all 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 Participant / Staff / Volunteer  
(please type name)

\_\_\_\_\_  
Print Name of Parent or Guardian, if applicable  
(please type name)

\_\_\_\_\_  
Signature of Parent or Guardian, if applicable  
(please type name)



**Weemarkable™ Communication Agreement – YMCA of Northern BC**

Weemarkable™ is designed and developed by the YMCA with input from YMCA families, just like you, as well as YMCA educators. Through Weemarkable™ we're pleased to provide you with daily updates on your child, their development, photos, menus, messaging and more. In addition, you will have the ability to add followers such as grandparents or other extended family members or caregivers.

Weemarkable™ was built with your privacy and security in mind. Personal information is stored safely by the YMCA. Nobody has access to your child's information other than you and any followers you choose to add. To access Weemarkable™ you will receive a welcome email inviting you to download the app. Through following the links and adding your email address to the app you will be able to generate your own personal access code. This access code will connect you with your child through the Weemarkable™ app. As an additional layer of protection, you will create your own PIN that will be used each time you log into Weemarkable™.

There are several options to utilize this communication tool. Please specify your communication preference below for your child/ren.

Child Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ I would like to communicate through Weemarkable™ about my child/ren with no photo use.

\_\_\_\_\_ I would like to communicate through Weemarkable™ about my child/ren with identifying photos of my child/ren which would only be visible on my child/ren's account(s).

\_\_\_\_\_ I would like to communicate through Weemarkable™ about my child/ren including identifying photos of my child/ren which would be visible on my child/ren's account(s) as well as other application users at my Child Care Centre. *(Please be advised that application users can download and save photos from Weemarkable™.)*

\_\_\_\_\_ I do not want to communicate through Weemarkable™ about my child/ren.

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Email

\_\_\_\_\_  
Guardian Phone Number

\_\_\_\_\_  
Date

**FOR YMCA USE ONLY**

**CENTRE:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**ROOM:** \_\_\_\_\_



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 1<sup>st</sup>, 15<sup>th</sup> and/or 20<sup>th</sup> of each month and a non-refundable deposit at time of registration, \$100.00 for infant and toddler care or \$100.00 for 3-5 care.

\_\_\_\_\_ 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 the affordable child care benefit current - the parent is responsible for the full child care fee if the affordable child care benefit 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.

\_\_\_\_\_ I am aware of the repayment agreement as per the parent handbook. Refunds will not be issued for unforeseen closure of less than five business days.

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 (please print) \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed registration package for each region to the email addresses listed below.

**Prince George-** [PG.childcare@bc.ymca.ca](mailto:PG.childcare@bc.ymca.ca)

**Chetwynd, Dawson Creek, Pouce Coupe, and Tumbler Ridge-** [PRS.childcare@bc.ymca.ca](mailto:PRS.childcare@bc.ymca.ca)

**Fort St. James and Vanderhoof-** [NR.childcare@bc.ymca.ca](mailto:NR.childcare@bc.ymca.ca)

**Fort St. John-** [PRN.childcare@bc.ymca.ca](mailto:PRN.childcare@bc.ymca.ca)