

Licensed Summer Club Registration Form 2024

<p>CHILD CARE LOCATION:</p> <p><input type="checkbox"/> YMCA Anne Roberts Young Care and Learning Centre</p> <p><input type="checkbox"/> YMCA Margaret Ma Murray Care and Learning Centre</p> <p>Selection of centre is based on availability and YMCA discretion.</p>	<p>SELECT SESSION(S): (must have completed Kindergarten)</p> <table border="1"> <tr> <td><input type="checkbox"/> SESSION 1</td> <td>July 2 – 5 (closed July 1)</td> <td>\$160</td> </tr> <tr> <td><input type="checkbox"/> SESSION 2</td> <td>July 8 – 12</td> <td>\$200</td> </tr> <tr> <td><input type="checkbox"/> SESSION 3</td> <td>July 15 – 19</td> <td>\$200</td> </tr> <tr> <td><input type="checkbox"/> SESSION 4</td> <td>July 22 – 26</td> <td>\$200</td> </tr> <tr> <td><input type="checkbox"/> SESSION 5</td> <td>July 29 – August 2</td> <td>\$200</td> </tr> <tr> <td colspan="2">CLOSED</td> <td>August 6– 9</td> </tr> <tr> <td><input type="checkbox"/> SESSION 7</td> <td>August 12 – 16</td> <td>\$200</td> </tr> <tr> <td><input type="checkbox"/> SESSION 8</td> <td>August 19 - 23</td> <td>\$200</td> </tr> <tr> <td><input type="checkbox"/> SESSION 9</td> <td>August 26 - 30</td> <td>\$200</td> </tr> </table>	<input type="checkbox"/> SESSION 1	July 2 – 5 (closed July 1)	\$160	<input type="checkbox"/> SESSION 2	July 8 – 12	\$200	<input type="checkbox"/> SESSION 3	July 15 – 19	\$200	<input type="checkbox"/> SESSION 4	July 22 – 26	\$200	<input type="checkbox"/> SESSION 5	July 29 – August 2	\$200	CLOSED		August 6– 9	<input type="checkbox"/> SESSION 7	August 12 – 16	\$200	<input type="checkbox"/> SESSION 8	August 19 - 23	\$200	<input type="checkbox"/> SESSION 9	August 26 - 30	\$200
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PARTICIPANT INFORMATION (REQUIRED FOR ALL PROGRAMS – PRINT LEGIBLY)

Please mark N/A if not applicable. All sections **must be** completed.

First Name: _____ Last Name: _____

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

My child has completed Kindergarten (y/n): _____ (required as per the community care licensing regulation act)

Street Address: _____ City/Prov: _____

Postal Code: _____ Email: _____ Emergency Phone: _____

Parent /Guardian (A): _____

Home Phone: _____

Cell: _____

Work: _____

Parent Guardian (B): _____

Home Phone: _____

Cell: _____

Work: _____

Alternative Emergency Contact: _____ Phone: _____

Custody (Parent A/Parent B/Both/Other): *Custody agreement must be attached as required by law.* _____

Who is authorized to pick up your child? _____

***YMCA BC will only release the participant to the adults listed as Parent/ Guardian, emergency contact and authorized pick up**

***Photo ID is required for pick up (must be 19 years of age or older). Name on this form must match government issued photo ID.**

***British Columbia child care licensing requires the YMCA to have a current, good quality photograph or digital image of each child. A copy of Immunization Records from each child is required as well. Please attach with your registration and email to PRN.childcare@bc.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 (if none, complete as 'NA'): _____

Phone #: _____

Child dentist's name (if none, complete as 'NA'): _____

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, you must complete the required medical release forms for the YMCA to administer. These need to be complete for registration to be finalized. A Care Plan will need to be in place and signed by parent/guardian prior to the child's first day. Non prescription Medication form found [here](#) (physician must complete). Prescription Medication form found [here](#).*

Does your child have difficulties, which may require some program adaptations including extra behavioral 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 [here](#) 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, Behavioral, 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 https://nbc.ymca.ca/wp-content/uploads/2024/01/SA_parenthandbookJan2024.pdf

_____ **By initialing, 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 initialing, 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. 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.

_____ **By initialing, 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 YMCA BC, Diversified Ltd., School District 60 and the City of Fort St. John; 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 initialing, I have read, understand, and consent to the above**

I, the undersigned, am aware and agree to the repayment agreement as per the parent handbook. Refunds will not be issued for unforeseen closure of less than five business days.

_____ **By initialing, I have read, understand, and consent to the above**

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 Parent /Guardian (please type name): _____

Date: _____

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

Immunization Record

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 ***If Immunized,**

record required to be on file

☐ 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 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)							✓
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.

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)

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 (attach with registration form)

☐ Credit Card YMCA BC will provide a direct link to enter in the registration system. Do not include credit card information on this form or in an e-mail. Your registration forms will not be processed.

_____ I hereby authorize YMCA of BC to deduct child care fees from my financial institution or credit card each month and a non-refundable \$75.00 non-refundable deposit at time of registration.

_____ Cancellations SEVEN DAYS prior to the week of care will receive a full refund less the non-refundable deposit of \$75.00 per week. Refunds will not be given if a child is sent home for misconduct.

_____ Should it become necessary to close YMCA child care programs 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, YMCA BC will refund your prepaid child care fees in a timely manner. Refunds will not be issued for unforeseen closure of less than five business days.

_____ Changes to Child Care registrations are subject to a \$25.00 non-negotiable administrative fee.
Examples include, but are 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. 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. My child care services will be cancelled if payment is not received within five (5) days of dated letter.

_____ It is the parents/guardian's responsibility to apply for and keep current Affordable Child Care Benefit and parents/guardians are responsible for the full fee if Affordable Child Care Benefit is not in place.

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

_____ 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 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 BC
Attention: Child Care
Administration
E-mail: PRN.ChildCare@bc.ymca.ca

YMCA 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.