



Emergency contact in case Parent or Guardian cannot be reached:

1. Name: _____ Phone (H) _____ (W) _____

Address: _____

(Street)

(City/Town)

(Postal Code)

Relationship _____ Authorized to pick up child? Yes No

2. Name: _____ Phone (H) _____ (W) _____

Address: _____

(Street)

(City/Town)

(Postal Code)

Relationship _____ Authorized to pick up child? Yes No

Please list those people (16 years or older) who have permission to pick up your child from the program.	Is there anyone who does not have permission to pick up your child from the program?															
<table border="0"> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Relationship</td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> </tr> </table>	Name	Relationship	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	<table border="0"> <tr> <td style="text-align: center;">Name</td> </tr> <tr> <td>1. _____</td> </tr> <tr> <td>2. _____</td> </tr> <tr> <td>3. _____</td> </tr> <tr> <td>4. _____</td> </tr> </table>	Name	1. _____	2. _____	3. _____	4. _____
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2. _____																
3. _____																
4. _____																

ALLERGY ALERT: Please specify any serious allergies

Are any of the above severe enough to require EpiPen, medications, or emergency treatment?

Yes No

Please list any food, medication or contact allergies (non-life threatening)

Does your child require any essential routine services on a regular basis as part of a daily routine such as: catheterization, special hygiene procedure, on-going administration of medication, or ongoing observation of certain health condition, such as diabetes, to determine when intervention is needed?

Yes No

Name of Medical Practitioner: _____

Telephone Number: _____

Address: _____



Medical History: Please indicate if your child has **had** any of the following:

	Yes	No		Yes	No
Measles			Rubella		
Mumps			Chicken Pox		
Meningitis			Pertussis (Whooping Cough)		

Health Status: Indicate if your child **has** any of the following:

	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		

Ongoing Medical Treatment: Please indicate any ongoing medical treatment your child may need (you will be required to complete an Administration of Medication form)

Name of medication	Dosage
Condition being treated	
Name of medication	Dosage
Condition being treated	

Immunizations: In accordance with subsection 12(2) of the *Reporting and disease Regulations – Public Health Act*, proof of immunization must be provided for each child attending an early learning and childcare facility for the following:

diphtheria	rubella	mumps
tetanus	varicella	measles
polio	meningococcal disease	haemophilus influenza type B
pertussis	pneumococcal disease	

Where proof is not provided you must have the following waivers:

- A medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or
- A written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of their objections to the immunizations required by the minister.

Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.

Are there any activities in which your child cannot medically participate?

Please list any dietary restrictions (including those for medical, cultural, religious reasons):

Preschool/childcare history

Has your child attended preschool/childcare before? Yes No

If yes, for how long?

6 months	1 year	2 years	+2 years
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If yes, please describe your experience:



Child Development

Self Help: Does your child require help with any of the following? Please place a checkmark in the box that applies.

Task	Independent	Needs some help	Dependent on staff
Dressing/undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking upstairs/hills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any suggestions to ease your child's transition into the facility?

What does your child like to do?

Is there anything else you would like to share about your child?

Please directly contact the supervisor of your centre if there are ANY changes to the information listed above.



Pre-Authorization Payment Authorization Form

**PLEASE ATTACH A VOID CHEQUE HERE
(Cheque must have a computerized generated code (MICR) along the bottom)**

Payor's Name: (Last) _____ (First) _____ (Initial) _____

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

Telephone: _____ Number of children attending: _____

Please list any other children you have registered in Child Care or After School on PAP:

Payment Start Date _____ Payment Amount _____

Is there a second person paying on this account? If yes please provide information below:

Payor's Name: (Last) _____ (First) _____ (Initial) _____

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

Payment Start Date _____ Payment Amount _____

Please indicate who the tax receipt is issued to: _____

If your fees are being cost shared with another payor please provide details:

- Daycare Assistance Program (DAP) \$_____ per day ** please attach DAP notification
- Family Protection \$_____ per day
- Other _____ \$_____ per day

The following is some basic information regarding the Pre-Authorized Payment Plan (PAP).

- I/We hereby authorize my bank or financial institution to debit my/our account bi-weekly for the purpose of paying the YMCA of Greater Saint John for child care services.
- Your treatment of each withdrawal or debit shall be the same as if I/we had personally issued a cheque.
- I/We will ensure that funds are available to cover the amount of the withdrawal.
- I/We understand that this authorization may be cancelled by me/us upon notifying the Supervisor in writing at least two weeks prior to cancellation date.
- I/We have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- A child care fee on PAP is continuous and is automatically renewed each year. You will be informed of any changes.
- All payments are automatically deducted from your bank account bi-weekly. The payment schedule is attached.
- Please advise the Association Registrar of any changes that would affect the processing of your payment, (i.e. name, address change or change of bank, branch or account number) ASAP.
- A \$25.00 fee will be levied on all returned cheques and PAP.

Signature: _____ Date: _____

NOTE: Have you attached your void cheque and the required payment?



The following is a legal document. Please read it carefully and acknowledge that **by signing you are giving up the right to sue** the YMCA of Greater Saint John, its officers, agents, employees, Board of Directors, volunteers, participants and all other persons or entities acting on their behalf (hereinafter collectively referred to as 'the YMCA of Greater Saint John').

AUTHORIZATION

In permitting my child _____ (print child's name) to attend Child Care, operated by the YMCA of Greater Saint John, I, the undersigned, permit my child to participate in the full range of child care activities and accept the level of risk inherent. In the event of an accident or illness affecting the above named child, I authorize the Supervisor and his/her appointee to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and well-being of said child. In the event I cannot be reached, I hereby give permission to the physician selected by the Supervisor to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. I give permission to the YMCA of Greater Saint John to transport my child in a YMCA vehicle for medical treatment if necessary.

Parent or Guardian (print name): _____

Signed: _____ Date: _____

INDEMNITY

In consideration of _____ (print child's name) (hereinafter referred to as 'child') being permitted by the Child Care to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless the YMCA of Greater Saint John from any and all claims, causes of action, actions or demands whatsoever which are in any way connected with such use or participation by child.

Signed: _____ Date: _____

PUBLICATION & PRIVACY ACT

- I understand and agree that pictures which may be taken during After School/Child Care/ Camp programs may be used for local promotional purposes.
- I understand and agree to permit the Y to collect, use and disclose personal data for the following reasons: to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Signed: _____ Date: _____



YES, I want to help Saint John children, teens and families realize their potential!

The YMCA Strong Kids Campaign raises much needed financial support for children, teens and families who are unable to afford the full cost of participation in a YMCA program or activity. We all wonder how our individual gift could ever have an impact. The YMCA Strong Kids Campaign ensures everyone has the opportunity to participate. That might mean providing funds to:

- Help a youth gain the confidence and skills to avoid isolation
- Help a child attend day camp for the first time and meet new friends
- Give a teen a safe place to go
- Enable a struggling family to use a child care facility
- Enable a child to make healthy choices by participating in a recreation or fitness activity

I would like to make a monthly donation of: \$2.00 \$5.00 \$10.00 \$_____

Payments will be withdrawn the 1st of each month

I prefer to make a one-time tax-deductible donation by cash/cheque/credit card:

\$25.00 \$50.00 \$100.00 \$_____

(Tax receipts will be mailed out at the end of the year.)

Thank you!

Building healthy communities



Payment and Withdrawal Information:

- Fees are due and payable bi-weekly on Friday. A payment schedule will be provided.
- Payments are made bi-weekly for the following two weeks and begin immediately with your registration
- If payments of fees are not received by the following Tuesday, child care services may be discontinued until full payment is received. However, you will continue to be responsible for payment.
- Any payment returned or dishonoured by the financial institution will be subject to an additional \$25.00 fee.
- All payments must be made by pre-authorized payment plan.
- Any fee increases will align with calendar year. Advance notice will be given for any increases.
- Parents will receive a tax receipt at year end. Replacement tax receipts requested will be charged \$25.00.
- All accounts must be current to be eligible for further registration/participation in any YMCA of Greater Saint John program.
- A two week written notice is required when a child is to be withdrawn from the Child Care Centre or After School Program. If no notice is received the parents will be billed for two weeks regardless of attendance. If the child is withdrawn at the request of the Y of Greater Saint John, two weeks’ notice is given whenever possible.
- Part-Time registrations are accepted however full-time registrations are given priority. Should this occur part-time registrations will be given the option to switch to full-time.
- The hours of operation for Child Care are from 7:30 a.m. – 6:00 p.m. If you arrive after 6:00 p.m. you will be required to pay a minimum \$20.00 late fee. (Please see parent manual). This fee is to be paid at the time of pick up or will be added to your next regularly scheduled payment.

Note: Fees do not change for holidays or closures.

2020 Child Care Fees

Prices are subject to change at the start of the new calendar year

Program	2020 Fees per Week		
Child Care F/T infants 12-24 months	\$204		
Child Care F/T 2 year olds	\$165		
Child Care F/T 3 year olds	\$158		
Child Care F/T 4 year olds	\$153		
	Infant	2 yr old	3-4 yr old
Child Care ½ days	N/A	\$99	\$94
Child Care 2 days per week	N/A	\$80	\$78
Child Care 3 days per week	N/A	\$118	\$115
Preschool	\$44		



2020 Child Care Payment Calendar

January

01

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

02

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March

03

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

04

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

05

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

06

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

07

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

08

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

09

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

10

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

11

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

12

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

PLEASE NOTE: NO PEANUTS, PEANUT PRODUCTS or PEANUT BUTTER SUBSTITUTES ARE PERMITTED



Photo and Video 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.

The YMCA Child Care and After School Program will be communicating with parents by emailing photos and videos of children registered in the program. These pictures may go to other parents of children in a YMCA program and therefore may be printed or shared via email or social media.

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.

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: _____ Telephone No.: _____

Address: _____

Signature of Witness _____

Signature of Participant _____

Print Name of Parent or Guardian, if applicable _____

Signature of Parent or Guardian, if applicable _____

Please check your form carefully:

**** Please note all information/boxes on this registration form are required and must be filled out before your child is permitted to stay. Any forms with information missing will be returned.**

- YMCA Child Care Registration Package completed
- Void cheque or postdated cheques for payments
- Immunization records
- Signed Policy Compliance Page from Parent Manual