



YMCA OF HAMILTON/BURLINGTON/BRANTFORD

Hamilton YMCA SACC – 79 James St. S., Hamilton ON L8P 2Z1 / TEL: 905-317-4916 / FAX: 905-317-4917
Burlington YMCA SACC – 500 Drury Lane, Burlington ON L7R 2X2 / TEL: 905-632-5000 EX. 6236 / FAX: 905-333-1767
Brantford YMCA SACC – 143 Wellington St., Brantford ON N3S 3Y8 / TEL: 519-752-6568 EX. 101 / FAX: 519-759-8431



YMCA SCHOOL AGE CHILD CARE / KINDERCARE REGISTRATION FORM 2011 / 2012

All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.

Child's First Name: Child's Last Name: Birth Date (year/month/day): Gender (M/F): # Years in SACC Program: Kindergarten/SACC Centre Requesting: Name of School (if different): Will your child be in JK/SK in September?

FOR OFFICE USE ONLY Date Received: Time: Date Processed: Staff Initial: Admission Date: W/D Date: Date Confirmation Sent

Please register my child for (choose only one option):

KINDERCARE Full Time Part Time

SACC FULL TIME AM PM Both

OR

SACC/KINDERCARE PART TIME (minimum of 2 regular scheduled days each week) Before School After School Before & After Days Requesting: Mon Tue Wed Thu Fri

CHILD AND FAMILY INFORMATION

Child's Address: City: Postal Code: Home Phone Number: Resides with: Mother Father Both Parents Guardian Primary Contact: Relationship: Business Name: Business Address: City: Day Phone #: Cell #: Email address: Primary Contact Address (if different than child): City: Secondary Contact: Relationship: Business Name: Business Address: City: Day Phone #: Cell #: Secondary Contact Address (if different than child): City: Emergency Contacts (if primary or secondary contacts cannot be reached): An adult, 16 years of age or older, who can assume responsibility for the child. 1. Name: Relationship: Address: City: Phone Number: 2. Name: Relationship: Address: City: Phone Number: Authorized Pick-Ups (in addition to the primary, secondary, and emergency contacts, must be 16 years of age or older; must sign child out at arrival or departure): 1. Name: Relationship: 2. Name: Relationship: Family Physician Name: Address: City: Phone Number:

INDIVIDUAL CHILD INFORMATION

Indicate if your child experiences or has experienced any of the following: \*\*If child requires epi-pen, an "Epi-Pen Information Form" will need to be completed in order for this form to be processed. Allergies: YES NO Epi-Pen: YES NO If yes, indicate all allergy types: Medical: (ie. Vision/Hearing/Seizures/Diabetes/Mobility) YES NO If yes, indicate medical details: Asthma: YES NO Inhaler: YES NO Is Inhaler given during program? YES NO Will your child self carry? YES NO Is the Asthma cold related? YES NO Currently taking medication? YES NO If yes, indicate type: Will medication be given during program time? YES NO If yes, indicate type: If your child requires medication during program, please fill out the "Administration of Medication" form and review the medication policy outlined in the Parent Handbook. Developmental/Learning: (ie. ADD/ADHD/Autism/Delays) YES NO If yes, indicate details: Does your child require any additional assistance? YES NO (YMCA SACC maintains a 1:15 staff to child ratio) If yes, is there anything we should know concerning school, relationships, learning abilities, does the child have an E.A., etc.? Is your child immunized? (If no, please attach a copy of exemption) YES NO Any dietary or exercise restrictions? YES NO If yes, indicate details:

I have read the SACC Parent Handbook and agree to comply with the rules and regulations specified. My child is able to participate in the full range of activities. I give consent that medical treatment be given in the event of an emergency. I consent that any photographs or video taken at the YMCA may be used for promotional purposes. I permit my child go on supervised excursions outside the SACC Centre. I will not hold the YMCA responsible for lost or stolen items. I will not hold the YMCA, its' staff or volunteers responsible for accidents which may occur. I understand the legal obligation of the staff to report any suspected abuse. I understand that the YMCA may decline a child due to physical and/or verbal aggression towards staff or other children or if the safety of the child/others is at risk.

Signature of Primary Contact: Signature of Secondary Contact: The collection, use and disclosure of personal information is governed by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56

EMERGENCY INFORMATION CARD (please duplicate information given on the above registration form)

Child's First Name: Child's Last Name: Birth Date: Gender (M/F): Child's Address: City: Postal Code: Phone Number: Medical Information (please describe any allergies or medical information): Primary Contact: Relationship: Business Name: Business Address: City: Day Phone #: Cell #: Primary Contact Address (if different from child): City: Secondary Contact: Relationship: Business Name: Business Address: City: Day Phone #: Cell #: Secondary Contact Address (if different from child): City: Emergency Contacts: (in the event primary and secondary contacts cannot be reached) 1. Name: Relationship: Address: City: Phone: 2. Name: Relationship: Address: City: Phone: Authorized Pick Ups: (other than primary, secondary, emergency contacts – must be 16 years or older) 1. Name: Relationship: 2. Name: Relationship: Family Physician Name: Address: City: Phone #:

If at any time emergency medical treatment is necessary for my child, I give consent for it to be given. I understand that every effort will be made to contact the primary or secondary contacts. I agree to let my child go on supervised excursions outside of the School Age Child Care Centre. I understand that the YMCA may decline a child due to physical and/or verbal aggression towards staff or other children or if the safety of the child and/or others is at risk. I consent to photographs or video taken at the YMCA may be used for promotional purposes. I have read the Parent Handbook and agree to comply with the rules and regulations specified.

Signature of Primary Contact: Signature of Secondary Contact: The collection, use and disclosure of personal information is governed by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56