YMCA OF HAMILTON/BURLINGTON/BRANTFORD

CHILD CARE REGISTRATION FORM

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

Child's First Name: _____ Child's Last Name: _____

Birth Date (year/month/day): ____/____/____ Gender: _____

Child Care Centre Requesting: _____ Name of School *(if different)*: _____

What date are you looking to start the program? _____

What grade is your child currently in? What grade will your child be going in (if a different year)?

FOR OFFICE USE ONLY

Date Received:		Time:	
Date Processed:		Staff Initial:	
Admission Date:		W/D Date:	
Date Confirmation Sent:		Resubmission Date:	

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

FULL TIME *(5 days per week) Please check one*		
AM ☐	PM ☐	BOTH ☐

PART TIME *(minimum of 2, less than 5 days per week) Please check days*																
AM					PM					BOTH						
M ☐	T ☐	W ☐	T ☐	F ☐	M ☐	T ☐	W ☐	T ☐	F ☐	M ☐	T ☐	W ☐	T ☐	F ☐		

CHILD AND FAMILY INFORMATION

Child's Address:

City: Postal Code:

Home Phone Number:

Custody: ☐ Primary Only ☐ Both ☐ Joint ☐ Guardian

Custody papers are attached (if applicable) ☐ Yes ☐ No

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 #:

Email Address:

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:

Phone Number:

Relationship:

2. Name:

Phone Number:

Relationship:

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 your child requires an Epi-Pen, an **Individual Anaphylaxis Form and Administrations of Medications Form** must be completed.*

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 illness 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 Child Care 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:** _____

Note: Email addresses are collected so that you can receive updates regarding your School Age Program, including PA Day Flyers, Parent Surveys and Account Information. Email addresses are collected on an annual basis. If you would like to receive these updates, please complete your email address above. The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.

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

Child's First Name: _____ Child's Last Name: _____ Birth Date: ____/____/____ Gender: _____

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:

Emergency Contacts: *(in the event primary and secondary contacts cannot be reached)*

1. Name:

Relationship: Phone:

2. Name

Relationship: Phone:

Secondary Contact: **Relationship:**

Business Name:

Business Address: City:

Day Phone #: Cell #:

Secondary Contact Address (if different from child)

City:

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 bound by Personal Information Protection and Electronic Documents Act.