



Saint John YMCA-YWCA

## Saint John YMCA-YWCA

### Children's Services

## 2009/2010 Registration Form

Before your child/children can be registered, the Saint John YM-YWCA must receive all four (4) pages of this form completed and accompanied by a \$25.00 registration fee that is non-refundable / non-transferable. Please make cheques payable to the Saint John YM-YWCA. Please use one form for each child. The registration form will ensure your child's registration and space in the program.

|   |              |                                 |                |              |
|---|--------------|---------------------------------|----------------|--------------|
| Name:   |              | <input type="checkbox"/> Male   | Child's Grade: |              |
|   |              | <input type="checkbox"/> Female |                |              |
| Mailing Address:  |              | City:                           | Province:      | Postal Code: |
| Medicare #:   | Expiry Date: | Date of Birth:                  | Home Phone #:  |              |
| After-school Program and School your child will be attending: |              |                                 |                |              |
| e-mail address:   |              |                                 |                |              |

### **Parent Information:**

If parents are divorced or separated, which parent has legal custody?

? N/A                      ? Mother                      ? Father                      ? Both

Mother's Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Street

City/Town

Postal Code

Father's Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Street

City/Town

Postal Code

### **Payment and withdrawal information:**

- Fees must be paid at the beginning of each month.
- If payments of fees are not received by the 15<sup>th</sup> of the current month or sooner, child care services will be discontinued until full payment is received. However, you will continue to be responsible for payment and a service charge of \$25 will be charged to any late payment.
- **Note:** All fees are a flat rate per month and do not change for the Christmas or March breaks.  
Fees may increase due to cost of living increases.
- Payments: Made by PAC (pre-authorized payments from your bank account), or post-dated cheques will receive tax receipt at year end. Replacement tax receipts requested will be charged \$25.00.
- Thirty (30) days written notice is required when a child is to be withdrawn from the Centre or After-School Program. Parents will be billed for the 30 days regardless of attendance. If the child is withdrawn at the request of the Saint John YMCA-YWCA, one month's notice is given whenever possible.
- The hours of operation are from 2:00 - 6:00 p.m. If you are past 6:00 p.m. you will be required to pay a \$20.00 late fee. This fee will be added to your account.
- All Full day programs are offered at an additional fee of \$15 per child per day. This fee is to be paid on the day of service by cash or cheque, NSF fees will apply.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent or Legal Guardia

**FEE SCHEDULE  
2009/2010**

|                      |                       | <b>FULL TIME</b> |  | <b>PART TIME</b> |  |
|----------------------|-----------------------|------------------|--|------------------|--|
| Prince Edward Square | *After-School Program | \$320            |  | \$260            |  |
| Westside             | After-School Program  | \$275            |  | \$205            |  |
| Westside             | Morning Program       | \$75             |  | \$37.50          |  |
| Lakewood Heights     | After-School Program  | \$275            |  | \$205            |  |
| Loch Lomond          | After-School Program  | \$275            |  | \$205            |  |
| St. Martins          | After-School Program  | \$275            |  | \$205            |  |
| Hampton              | After-School Program  | \$275            |  | \$205            |  |
| Glen Falls           | After-School Program  | \$275            |  | \$205            |  |
| ASP 1 hour           | ASP Only              | \$130            |  | N/A              |  |

|                   |                                | <b>Full Time</b> |  | <b>Part Time</b> |  |
|-------------------|--------------------------------|------------------|--|------------------|--|
| Community Centre  | Morning Program                | \$75             |  | N/A              |  |
| Community Centres | After-School Program           | \$275            |  | \$205            |  |
| MCC Only          | Lunch Program                  | \$50             |  | N/A              |  |
| Community Centres | Preschool (3 days)             | \$160            |  | N/A              |  |
| Community Centres | Play School (2 days)           | \$120            |  | N/A              |  |
| Community Centres | Play school/Preschool (5 days) | \$280            |  | N/A              |  |

\*After-School Program at Prince Edward Square includes Van Service From Schools

**(Emergency contact in case parents cannot be reached)**

Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town Postal Code

Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town Postal Code

**Please list those people (16 years or older) who have permission to pick up your child from Daycare.**

|  |  |
|--|--|
|  |  |
|  |  |

**MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If child has, or has had any of the following, please check:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Hepatitis             | <input type="checkbox"/> Red Measles               |
| <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Hernia                  | <input type="checkbox"/> German Measles        | <input type="checkbox"/> Hay Fever                 |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Fainting                | <input type="checkbox"/> Tonsillitis           | <input type="checkbox"/> Sinus Trouble             |
| <input type="checkbox"/> Stomach Aches     | <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> Ear Trouble           | <input type="checkbox"/> Mumps                     |
| <input type="checkbox"/> Appendicitis      | <input type="checkbox"/> Toothaches              | <input type="checkbox"/> ADD or ADHD           | <input type="checkbox"/> Nosebleeds                |
| <input type="checkbox"/> Allergies to Food | <input type="checkbox"/> Allergies to Medication | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Intellectual Disabilities |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Seizures                |  |  |

**Date on which the following immunizations and toxins were last given:**

Diphtheria: \_\_\_\_\_ MMR: \_\_\_\_\_

Polio: \_\_\_\_\_ Tetanus: \_\_\_\_\_

Please indicate any allergic reactions, specify what causes the reaction and describe its nature and severity:

\_\_\_\_\_  
\_\_\_\_\_

Please note all medications that your child is taking, or has taken, in the past 6 months (include any behaviour modification medications i.e. Ritalin):

\_\_\_\_\_  
\_\_\_\_\_

**Other:** Please expand upon or include any information that you feel is important for us to be aware of in order for us to help your child make the most out of his/her experience. If there is any information of a confidential nature, please indicate in a separate letter to the Manager marked "Personal".

**NOTE: NO PEANUTS OR PEANUT PRODUCTS PERMITTED AT AFTERSCHOOL**

## AUTHORIZATION

In permitting my child \_\_\_\_\_ (print child's name) to attend Childcare, operated by the Saint John YM-YWCA, I, the undersigned, permit my child to participate in the full range of childcare activities. I authorize the Manager and his/her appointee in the event of an accident or illness affecting the above named child to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and wellbeing of said child. In the event I cannot be reached, I hereby give permission to the physician selected by the Manager to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. I give permission to the Saint John YM-YWCA. to transport my child in the YM-YWCA vehicle providing the driver and the said vehicle is properly insured for the carrying of passengers.

To the best of my knowledge, the information on this form is accurate.

Parent or Guardian (print name): \_\_\_\_\_

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

## INDEMNITY

In consideration of \_\_\_\_\_ (print child's name) (hereinafter referred to as 'child') being permitted by the Afterschool Program to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless the Saint John YM-YWCA Afterschool Program 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.

Parent or Guardian (print name): \_\_\_\_\_

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

## PUBLICATION & PRIVACY ACT

I understand that the pictures taken at Afterschool may be used for promotional purposes.

We collect, use and disclose personal data only in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YM-YWCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YM-YWCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Parent or Guardian (print name): \_\_\_\_\_

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

