



Welcome to the YMCA of Western Ontario Child Care Family!

Listed below are the instructions to help you complete a School Age (6-12 years) or Kindergarten (4-5 years) program registration.

Instructions:

Registration & Emergency Contact Information Form: (attached)

- Complete in full including ALL addresses, postal codes, and phone numbers.
- Parents who work from home must list their home address as their work address.
- Parents who are students must list their school address as their work address.

Allergy & Dietary Restriction Form: (attached)

- All children must have a completed form.
- If your child does not have an allergy or dietary restriction, check the box at the top of the form and sign the bottom.

Anaphylaxis Individual Plan: (available as a separate form, from our website or the Director)

- Complete only if your child has an anaphylactic allergy.
- Provide as much detail as possible for monitoring/avoidance strategies, and alternate or additional actions to ensure your child's optimum safety during program.
- Additionally, complete the medication administration form.

Medical Need Individualized Plan: (available as a separate form, from our website or the Director)

- Complete this form if your child has a medical condition that staff should be aware of (example: severe asthma, diabetes, heart conditions, epilepsy, etc.)
- Provide as much detail as possible for your child's optimum safety during program.
- Additionally, complete the medication administration form (if required)

Medication Administration Form: (available as a separate form, from our website or the Director)

- Complete this form if your child will be administered or carrying any medications during program time (example: Ritalin, inhalers, epi-pens, etc.)

Individual Support Plan: (available as a separate form, from our website or the Director)

- Complete this form if your child has any developmental or behavioural needs that staff should be aware of (example: ADD, ADHD, autism, Down Syndrome, etc.)

Submission:

Once you have completed the package in full, you may save the document and submit via email as an attachment to the contact listed. Upon receipt of the package, you will receive an email confirmation.

Deposit & Payment:

You will receive a personalized pre-authorized payment contract from the Director. At the end of each school year, current school age families will need to pay a non-refundable deposit of \$100 per family to hold their spot for the following academic year. The deposit will be applied towards the September balance.

Financial Assistance:

YMCA Child Care Centres have a Purchase of Service Agreement with the City of London, Oxford, Elgin & Middlesex counties. Please contact your caseworker to inform him/her of your intent to register your child in our School Age Program or contact your local Subsidy Office for more information about obtaining subsidy.

Further Information & Questions:

If you require further information regarding our School Age Programs, please refer to our handbook available on our website at <http://ymcawo.ca/school-age-extended-day>. If you have any questions, please do not hesitate to contact us.



Registration Information

Frequency of Care (Choose Only 1 Option)

Full Time (5 days per week)

Type of Care (Choose Only 1 Option)

School: _____

Before & After School

Before School Only

After School Only

Part Time (minimum of 2 regular scheduled days per week)
Please indicate the days and type of care you will require below.

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					

Complete form and email to:

childcare@ymcawo.ca

Child's Information

Last Name _____

First Name _____

Female

Male

Address _____

Apt/Unit # _____

Date of Birth _____

City _____

Ontario
Province

Postal Code _____

Home Phone _____

Medical Information

Name of Physician _____

Phone Number _____

Address _____

Apt/Unit # _____

City _____

Ontario
Province

Postal Code _____

Anaphylaxis

Yes

No

Allergies

Yes

No

Dietary Restrictions

Yes

No

Medical Conditions

Yes

No

Contact Information

1st Contact: Parent/Guardian 1

Full Name _____

Relationship _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Email _____

Employment Status _____

Work Phone (ext) _____

Workplace Name _____

Work Address _____

City _____

Postal Code _____ Unit # _____

Check if home address is the same as child.
If different from child, complete the following:

Home Address _____

City _____

Postal Code _____ Unit # _____

2nd Contact: Parent/Guardian 2

Full Name _____

Relationship _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Email _____

Employment Status _____

Work Phone (ext) _____

Workplace Name _____

Work Address _____

City _____

Postal Code _____ Unit # _____

Check if home address is the same as child.
If different from child, complete the following:

Home Address _____

City _____

Postal Code _____ Unit # _____

Legal Custody:

N/A

1st Parent/Guardian

Joint

2nd Parent/Guardian

Other

DO NOT RELEASE TO:

Please enclose a copy of the custody agreement, if applicable.

Emergency Contact Information

The following person (other than parents & guardians) is authorized to pick up your child. Should an emergency arise and you cannot be contacted, he/she will be contacted and assume responsibility for your child.

Emergency Contact

Full Name _____

Relationship _____

Address _____

City _____

Postal Code _____ Unit # _____

Home Phone _____

Cell Phone _____

Work Phone (ext) _____

Program Support

Has your child been diagnosed with any developmental and/or behavioural needs? Yes No

Does your child receive additional support in school? Yes No

How Did You Hear About Us?

Please, check all that apply. Family Friends Newspaper/Magazine Advertising One List Social Media
 Online Advertising Community Events Other _____

Consents

- Yes I give permission for my child to be included in any photographs taken while attending YMCA of Western Ontario Child Care. The photographs may be used for display in the Centre and for outside or community YMCA promotional displays.
- No
- Yes The YMCA of Western Ontario may occasionally use information collected on this application to notify the applicant of upcoming YMCA events, volunteer/donor opportunities and/or offerings from other YMCAWO departments. Is it okay for the YMCA of Western Ontario to contact you for any reason other than those relating directly to this application?
- No

1. I have read the parent handbook and agree to comply with rules and regulations as specified.
2. It is understood that adequate supervision will be provided by staff of the YMCA of Western Ontario, and while every care will be taken, the Child Care Centre will not be held liable for any accident or injury that may occur.
3. I will be responsible for any cost incurred due to ambulance and medical fees.
4. Every attempt to contact parents/guardians or the emergency contact will be made in the event my child requires emergency medical treatment.
5. I understand the legal obligation of the staff to report any suspected abuse to the proper authorities.

By signing below, I agree to the above terms set out by the YMCA of Western Ontario related to the School Age Program, for which I am registering my child.

Parent/Guardian's Signature _____

Date _____

Director's Signature _____

Date _____

Renewal of Consents

Renewal 1: _____ Date 1: _____ Renewal 4: _____ Date 4: _____

Renewal 2: _____ Date 2: _____ Renewal 5: _____ Date 5: _____

Renewal 3: _____ Date 3: _____ Renewal 6: _____ Date 6: _____

Office use only: Date of Admission: _____ Date of Withdrawal: _____

Authorized Pickup Information

The following people (other than parents/guardians and the emergency contact) are authorized to pick up your child. Authorized individuals must be 16 years of age or older.

Authorized Pick-Up #1

Full Name _____

Relationship _____

Phone _____

Authorized Pick-Up #2

Full Name _____

Relationship _____

Phone _____

By checking the box to the left, I agree to inform the staff before my child is to be picked up/or if other forms of transport will be used. Authorization must be given on an individual basis for other transport (ie taxi). Cab drivers will be asked to sign the child out, provide identification, and give a destination to staff.



Child's Name _____

Infant Toddler Preschool School Age

My child has NO anaphylaxis, allergy, or dietary restriction. *(Sign at the bottom of this page.)*

Anaphylaxis

Please complete the following if your child has an anaphylactic allergy that requires an EpiPen.

Allergen	Severity	Reaction	Action to be Taken

**** If your child has an anaphylactic allergy, you are required to complete the Anaphylaxis Individual Plan prior to admission. ****

Allergy

Please complete the following if your child has an allergy that does NOT require an EpiPen.

Allergen	Severity	Reaction	Action to be Taken

Dietary Restriction

Please complete the following if your child has a dietary restriction.

Food	Reason	Action to be Taken if Consumed

Parent/Guardian's Signature

Date

Director's Signature

Date