



NOTES TO PARENTS/GUARDIANS:

- Included in the cost is both a morning and afternoon snack. Please provide a nutritious lunch for your child(ren).
- Please include a water bottle that is labeled with his/her name and school.
- **Please do not include any NUTS or NUT PRODUCTS. We have children that have severe - life threatening nut allergies in our Programs.**

REGISTRATION & PAYMENT PROCEDURES

To register please complete the form on the back. Only registrations that are completed in full, signed and accompanied by appropriate fees will be processed. Registrations may be submitted in person to the site where your child will be attending or by emailing the Director listed below for the desired school.

Two (2) weeks written notice of cancellation/withdrawal must be given in order to receive a full refund.

School Age Programs P.A. DAY CELEBRATIONS

September 28, 2018
October 26, 2018
November 16, 2018
January 18, 2019
March 11-15, 2019
April 5, 2019
June 7, 2019

Cost:
Kindergarten
\$43.15
School Age:
\$41.10

Annandale Public School

Director: Shelby Rose
Hours: 7:00am-6:00pm
Phone: 226-926-4431
Email: srose@ymcawo.ca

Princess Elizabeth Public School

Director: Krystle Csendes
Hours: 7:30am-6:00pm
Phone: 519-639-2320
Email: kcsendes@ymcawo.ca

St. Marguerite d'Youville

Director: Stephanie Isabel
Hours: 7:15am - 6pm
Phone: 519-474-7880
Email: stmar@ymcawo.ca

West Nissouri Public School

Director: Stephanie Conron-Scott
Hours: 7:00am-6:00pm
Phone: 519-854-9026
Email: wusher@ymcawo.ca

Northbrae Public School

Director: Marjorie Gibbons
Hours: 7:30am-6pm
Phone: 519-438-7429
Email: northbraecc@ymcawo.ca

Ekcoe Central Public School

Director: Fiona Hunter
Hours: 7:00am-6:00pm
Phone: 519-619-1642
Email: fhunter@ymcawo.ca

St Theresa Catholic School

Director: Emily Paulger
Hours: 7:15am-6:00pm
Phone: 519-641-2987
Email: epaulger@ymcawo.ca

East Carling

Director: Leigh Anne Marr
Hours: 7:30am - 6:00pm
Phone: 519-432-2944
Email: lmarr@ymcawo.ca

Sir John A MacDonald

Director: Aimee Kelly
Hours: 7:00am -6:00pm
Phone: 519-951-9418
Email: akelly@ymcawo.ca

Wilberforce Public School

Director: Michelle Abel
Hours: 7:00am-6:00pm
Phone: 226-927-4982
Email: mabel@ymcawo.ca



YMCA School Age Programs: P.A. Day & March Break Registration Form

1. What location would you like to attend: (Please check)

- Annandale
 Princess Elizabeth
 East Carling
 Northbrae
 Ekcoe Central
 Sir John A MacDonald
 St. Marguerite d'Youville
 St Theresa
 Wilberforce Public
 West Nissouri

Date of P.A. Event	March Break	Payment Details
<input type="checkbox"/> September 28, 2018 <input type="checkbox"/> October 26, 2018 <input type="checkbox"/> November 16, 2018 <input type="checkbox"/> January 18, 2019 <input type="checkbox"/> April 5, 2019 <input type="checkbox"/> June 7, 2019	<input type="checkbox"/> March 11, 2019 <input type="checkbox"/> March 12, 2019 <input type="checkbox"/> March 13, 2019 <input type="checkbox"/> March 14, 2019 <input type="checkbox"/> March 15, 2019	Kindergarten \$43.15 School Age \$41.10 All monetary amounts are per day, per child

2. Name of 1st Child: _____ Date of Birth (yr/m/d) ____/____/____ Male Female
 Name of 2nd Child: _____ Date of Birth (yr/m/d) ____/____/____ Male Female
 Name of 3rd Child: _____ Date of Birth (yr/m/d) ____/____/____ Male Female
 Name of Mother: _____ Daytime Phone: _____
 Name of Father: _____ Daytime Phone: _____
 Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____ Email: _____
 Emergency Contact: _____ Emergency Phone: _____
 Legal Custody: Mother Father Both Guardian Other: _____
 Doctor's Name: _____ Doctor's Phone: _____
 Doctor's Address: _____
 Medical/Dietary Concerns/Conditions/Allergies (ie: asthma, diabetes, dietary restrictions etc.) No Yes
 Explain: _____
 Are any of the children on medication? No Yes Child's Name: _____ Name of Medication: _____
 Has your child been diagnosed with any developmental and / or behavioural needs? No Yes
 Does your child receive additional support in school? No Yes Name of school currently attending: _____

3. **PAYMENT** (Please make cheques payable to the YMCA of Western Ontario)

Total Fee: _____ To be paid in full for all P.A. days registered
 Please add the P.A. day fee to the preauthorized payment which falls a minimum of
 Do you receive subsidy? No Yes two (2) weeks prior to the scheduled P.A. day(s).

4. **AUTHORIZATION**

Upon registering my child(ren), _____, for the P.A. Day Programs at the YMCA of Western Ontario, I permit my child to participate in the full range of P.A. Day activities (including off-site activities). It is understood that adequate supervision will be provided by the staff of the Western Ontario Y, and while every care will be taken, the Western Ontario YMCA School Age Program will not be held liable for any accident or injury that may occur. Every attempt will be made to contact the parent/guardian or emergency contact in the event that my child requires emergency medical attention. I understand I will be responsible for any costs incurred due to ambulance or medical fees.

I understand and permit pictures of my child to be taken in Children's Educational Services Programs for promotional purposes at the YMCA of Western Ontario (ie. web, social media, print). No Yes

The YMCA of Western Ontario may, from time-to-time, use information collected on this application to notify the applicant of upcoming YMCA events, volunteer/donor opportunities and/or offerings from other YMCA of Western Ontario departments that may benefit the applicant.

Please check here if you DO NOT wish the YMCA of Western Ontario to contact you for any reason other than those relating directly to this application.

In my absence, I authorize the following people to pick-up my child: _____

Signature: _____ Date: _____