



## 2017/2018 Registration Package

To register for the YMCA Before and After School Program please complete the forms attached and mail or drop them off at your nearest YMCA location:

**Downtown YMCA** 2400 13th Avenue or **Northwest YMCA** 5939 Rochdale Boulevard or **YMCA East Center**  
1825 Victoria East:

**Attention:** Christal Himmelspeck and/or Donna Nickolson

**\*Scanned and emailed forms will be accepted as long as they are legible.**

**Please note that registration is only open to children enrolled in the following schools:**

### Public System

Centennial  
Dr. L.M. Hanna  
George Lee  
Harbour Landing  
MacNeill  
Massey  
McLurg  
McVeety  
Henry Janzen

### Catholic System

Deshaye Catholic  
St. Bernadette  
St. Dominic Savio  
St. Francis  
St. Jerome  
St. Josaphat  
St. Marguerite Bourgeoys  
St. Mary  
St. Matthew  
St. Pius X  
St. Timothy

**\*\*\*If your child has physical, cognitive, behavioral or emotional special needs please contact the Director of School-Based Programs prior to submitting a registration package. We want to ensure that we are able to meet your child's needs prior to registration.\*\*\***

For more information or to acquire additional forms, please contact the Director of School-Based Programs, by telephone at 306-757-9622 ext 253/243 or by email at [beforeafter@regina.ymca.ca](mailto:beforeafter@regina.ymca.ca)

### FOR OFFICE USE ONLY:

Date and Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

<b>YMCA SCHOOL-AGE PROGRAM REGISTRATION 2017/2018 RCS/RPS NEW/SIBLING/YMCA CHILDCARE</b>
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School: \_\_\_\_\_

Grade: (2017/2018 Program Year): \_\_\_\_\_

Check all that apply:

NEW

Sibling in Program. Name of sibling: \_\_\_\_\_

YMCA Childcare. Centre Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Postal Code: \_\_\_\_\_

M  F  Birth Date: \_\_\_ day / \_\_\_ month / year

Parent/Guardian: \_\_\_\_\_ Phone #: (h) \_\_\_\_\_

(w) \_\_\_\_\_

(c) \_\_\_\_\_

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

Alternate

Emergency Contact: \_\_\_\_\_ Phone #: (h) \_\_\_\_\_

(w) \_\_\_\_\_

(c) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

<b>REGISTRATION OPTIONS *All fees are scheduled monthly*</b>
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Please Note: Registration begins for the general public on

March 31, 2017

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Full Time Care  | \$265 | <input type="checkbox"/> Mornings Only | \$130 |
| <input type="checkbox"/> Afternoons Only | \$180 |  |       |

<b>Schools Out Day Camp RPS and RCS - \$45/day (Members)</b>
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*Participants must be registered for each individual camp. Registration can be done by calling the YMCA at 306-757-9622. The YMCA only offers Day Camps when an entire school system is out. Payment is due upon registration.*

<b>AGREEMENT</b>
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-I agree to comply with the facility policies as stated in the most current *Parents Manual* and as amended from time to time. I have **read and understood** the *Parents Manual* available on the YMCA website: [www.regina.ymca.ca/berfore-and-after-school-progra/](http://www.regina.ymca.ca/berfore-and-after-school-progra/)

-I understand that I must provide 30 days' notice to withdraw or change my registration status and understand that I must complete the required form in order to do so. All changes will be effective for the first of the following month.

-I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by these requirements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Child's Emergency Information

Child's Name: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Group Medical Services or  
Medical Services Incorporated Number \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Two other persons to contact in case of an emergency:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

### List all known allergies:

Drug	Food	Other
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medications, if any, which may need to be taken during Before and After School Program hours (additional form will need to be completed):

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

List all known medical conditions:

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

List any concerns/limitations in regards to this child's medical treatment:

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

### School-Age Social Resume

Child's Name: \_\_\_\_\_

Does your child have a nickname?  Yes  No If yes, what is it? \_\_\_\_\_

What language is primarily spoken in the home? \_\_\_\_\_

Is your child shy?  Yes  No  Sometimes

With whom? \_\_\_\_\_

When? \_\_\_\_\_

Does your child make new friends easily?  Yes  No

What activities does your child like? \_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

Is your child involved in any extra-curricular activities?  Yes  No If yes, what? \_\_\_\_\_

How do you handle discipline in your home? \_\_\_\_\_

Please provide techniques that staff may use when handling difficult behaviors: \_\_\_\_\_

How does your child display the following emotions: Anger/Frustration: \_\_\_\_\_

Excitement/Affection: \_\_\_\_\_

Are there any extenuating circumstances present in your child's home/life, that may impact their behavior in the program? \_\_\_\_\_

Please provide any further information relating to your child that would be helpful in understanding and caring for your child:

## Child's Contract

My name is \_\_\_\_\_ and I will try my best to follow the rules listed below so that I can have fun and be safe at the Before and After School Program:

1. I will **Respect** other children by using my words and not violence to explain how I feel about how they are treating me.
2. I will be **Caring** to other children by helping them when they ask me for help or when they are sad and need a friend. I will also try to help the staff when they ask me to help them.
3. I will be **Responsible**, by looking after my belongings and the Before and After School Program belongings, by being gentle while playing and by putting equipment away when I am finished.
4. I will try to be **Honest** with other children and with the staff.
5. I will try to **Include** other children whenever possible.
6. I will try to have **FUN!**

## Parent's Contract

As the parent/guardian of \_\_\_\_\_ I hereby apply to have my child enrolled in the YMCA Before and After School Program on the basis of the following conditions:

1. **I have read the *Parents Manual* and understand** that I **MUST** abide by all of the policies and procedures outlined within. The most current *Parents Manual* is available on the YMCA website [www.regina.ymca.ca/before-and-after-school-progra/](http://www.regina.ymca.ca/before-and-after-school-progra/) and may be amended from time to time.
2. I understand that if I change my job, telephone number, or address I will contact the Director immediately.
3. I understand that if any information on my child's registration or medical form changes, I will contact the Director immediately.
4. I understand that no refunds are given for days absent, statutory holidays or staff in-service days.
5. I understand that the centre reserves the right to refuse to provide care for any child the Director deems unmanageable or a danger to others.
6. I understand that I must provide 30 days' notice to withdraw or change my registration status and understand that I must complete the required form in order to do so. All changes will be effective for the first of the following month.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

✓ **PLEASE CHECK THE FOLLOWING:**

**(\*Must be checked)-Permission for Indirect Supervision:**

From time to time children may not be under direct supervision, instances may include:

- Finding their way from their classroom to the Before and After School Program in the afternoon
- Using washroom facilities
- Getting a drink of water
- Going to the gym or another room where other staff and children are  
**(\*These are not common practices but they do happen periodically\*).**

We encourage children to use the public washroom facilities with another child or in groups. We encourage older children to act as leaders in the group and to assist in these types of situations.

I have read the instances where my child may be *indirectly supervised* for a short period of time and hereby grant permission for my child to be *indirectly supervised* in the aforementioned circumstances. **Parent/Guardian Signature:** \_\_\_\_\_

**(\*Must Be Checked)-Field Trip Permission Form:**

- I give permission for my child to attend all outings within walking distance of the program. During the school year parents will be notified of all outings ahead of time.

**(\*Optional)-Research, Photography, and Videotaping Permission Form:**

- I give my permission for my child to be photographed or videotaped. I will be informed ahead of time of the purpose. For research, I will be notified and asked to sign a detailed form containing all information regarding research.