



## 2023/2024 Before & After School Registration Package

To register for the YMCA Before and After School Program in one of our Moose Jaw locations please complete the forms attached.

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

- St. Mary
- École St. Margaret
- St. Michael

***\*Please Note:** There will be a \$50.00 non-refundable administration fee for each registration form submitted.*

*Payment for this fee is due at the time of submitting your registration form.*

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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 to create a positive experience.

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*The YMCA Before and After School Program operating in our MOOSE JAW locations will be dependent upon meeting minimum enrollment numbers. If the minimum enrollment numbers are not met, all families enrolled will be notified at that time.*



YMCA Before & After School Program – Moose Jaw  
2023/2024 Registration  
**NEW/SIBLING/YMCA CHILDCARE**

Check the host school that you are enrolling in:

- St. Mary       École St. Margaret       St. Michael

Grade (2023/2024 Program Year)\*Must be in Grade K-6: \_\_\_\_\_

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

- Male       Female      Birth Date: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

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

**REGISTRATION OPTIONS** \*All fees are scheduled monthly on the first of the month\*

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Full Time       | \$325.00 | <input type="checkbox"/> Mornings Only | \$180.00 |
| <input type="checkbox"/> Afternoons Only | \$225.00 |  |          |

**AGREEMENT**

I Agree to comply with the policies and procedures as stated in the most current Parents Manual and as amended from time to time, and I have read and understood the Parents Manual available on the YMCA of Regina website.

I understand that I must provide 30 days' notice to withdraw or change my registration status. Moreover, I understand that I must complete and submit the required form 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: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_

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

*(Group Medical Services or Medical Services Incorporated Number)*

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

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

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

Phone (H): \_\_\_\_\_

Phone (H): \_\_\_\_\_

(W): \_\_\_\_\_

(W): \_\_\_\_\_

(C): \_\_\_\_\_

(C): \_\_\_\_\_

Two other persons to contact in case of an emergency *(approved to pick up child):*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone (H): \_\_\_\_\_

Phone (H): \_\_\_\_\_

(W): \_\_\_\_\_

(W): \_\_\_\_\_

(C): \_\_\_\_\_

(C): \_\_\_\_\_

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

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

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

List all known allergies:

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

List all known medical conditions:

List any concerns/limitations in regard 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 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 behaviours:

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 behaviour 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 YMCA Before and After School Program:

1. I will **Respect** other children and the staff 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 YMCA 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 & After School Program based on the following conditions:

1. **I have read the *Parent Manual* and understand** that I **MUST** abide by all of the policies and procedures outlined within. The most current *Parent Manual* is available on the YMCA website, which 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 and submit the required form in order to do so. All changes will be effective for the first of the following month.
7. I understand that a \$50.00 per registration fee, administration fee is due at the time of submitting a registration form.

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Parent/Guardian Signature

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Date



Please Check the following:

\*Must be checked – *Indirect Supervision Permission Form*

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 space 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)*

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.

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Parent/Guardian Signature

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Date

\*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*

To grant permission, please read and complete the following page.



## Photo and Video Consent, Assignment and Release Form

**PURPOSES:** For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, to be used by the YMCA in connection with the Purposes, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "Work Product"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product. I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. I hereby release and forever discharge each of the YMCAs, its officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of 18 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 18, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand this Form.

Name: \_\_\_\_\_

Signature of Participant \_\_\_\_\_

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

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

Parent/Guardian \_\_\_\_\_  
(if applicable)

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_



# Before and After School Pre-Authorized Payment Agreement

Before & After School       Change: \_\_\_\_\_       New Application

Main Contact			
First Name		Last Name	
Birthdate (DD/MM/YY)		Gender:	Male      Female      Not Specified
Residency Information			
Street Address			
City		Postal Code	
Home Telephone	Cellular Telephone		Business Telephone
Email Address			
Family Information (Family/Group Memberships Only)			
Name (Incl. last if different from above)		Gender	Birthdate (DD/MM/YY)
1.			
2.			
3.			
4.			
5.			
Emergency Contact Information			
Full Name		Relationship	Phone Number
Payment Authorization *Note Only one payment account may be indicated. No split payments.*			
Account Holder First Name		Account Holder Last Name	
Account Holder Address (If different from above)			
Payment Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Bank Account (Attach Account Info/Void Cheque)			
Last 4 Digits of Card: _____      Expiry: _____			
Payment Date:		All Childcare payments are withdrawn on the 1st of each month.	
Monthly Payment Amount	\$	GST (if applicable) \$	Total \$

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS AND CONDITIONS AS OUTLINED ON THE REVERSE OF THIS FORM, AND THE PAYMENT(S) AS OUTLINED ABOVE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Child Care Services Terms and Conditions

1) This agreement is a legal and binding contract between the child care services and the parent. **Please ensure that all terms and conditions are thoroughly discussed, and clearly and accurately recorded in the agreement. A copy of this Agreement for Services is to be retained by both the parent and the child care service provider. The parent may be required to sign additional documentation regarding policies of the child care service.**

2) The parent and the child care service agree that the child care services will be available for the above named children as indicated on the reverse of this form. The child care service will provide alternate care when the provider or center staff is not available (including reasons of illness and vacation) during the hours indicated below unless other arrangements are agreed upon between the parent and the child care service.

**Monday to Friday: 7:00 am — 6:00 pm      Saturday—Sunday: Not Applicable      \*Closed Statutory holidays including Boxing Day.**

**Alternate Arrangements:** \_\_\_\_\_

3) The parent and the child care service agree that the total child care fee shall be \$\_\_\_\_\_/month payable by the 1st day of each month. The fee may be adjusted by providing one month written notice. Non-payment of fees may be cause for immediate termination without notice. Additional fee payment arrangements: \$10 late fee for all fees not received by the 5th of the month. \$20 Non Sufficient Funds (NSF) charge for payments processed and denied by bank due to lack of funds. \$125 non-refundable administration fee due immediately to hold a space.

4) (Optional) The parent and the child care service agree that the following fee shall be charged for late pickup of a child: \$10 for the first 15 minutes, and \$1 for each additional minute thereafter.

5) (Optional) Either party shall give 1 day written notice during the first 5 days of care.

6) The parent and the child care service agree that this agreement may be terminated upon 1 months written notice by either the parent or the child care service. Notice shall be received by the 1st of the month. The full fee may be paid in lieu of notice.

7) The parent and the child care service agree to comply with the child care facility policies and The Child Care Regulations, 2015 as amended from time to time, a copy of which is available from the Ministry of Education. I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by these requirements.

In witness whereof the parties hereto have set their hand this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

At \_\_\_\_\_ (city) in the province of Saskatchewan.

\_\_\_\_\_  
Signature of Witness

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of the Supervisor of Child Care Centre

## Before and After School Terms and Conditions

Schools out day camps are provided only on days when the entire school system is out. I agree to comply with the policies and procedures 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:** <https://regina.ymca.ca/moose-jaw-before-after-school-programs/>

An administrative fee of \$50.00 applies to all applications. I understand that I must provide 30 days' notice to withdraw or change my registration status and understand that I must complete and submit the required form in order to do so. All changes will be effective for the first of the following month.

I understand that I must provide a completed registration package with this payment form. As well both child and parent are required to sign and acknowledge the contract provided in the registration package. This contract outlines further terms and conditions of participation in Before and After School programs.



## Appendix

- PAD forms must be completed and submitted with this registration form.
- All registration forms are subject to a non-refundable \$50.00 administration fee. Payment is due at the time of submitting the registration form.
- Forms MUST Be emailed to [stephanie.ramsey@regina.ymca.ca](mailto:stephanie.ramsey@regina.ymca.ca)
  - If the minimum number of participants are not met, we will not be able to run the program.
- To acquire additional forms for any siblings, please contact the Director at [stephanie.ramsey@mjymca.ca](mailto:stephanie.ramsey@mjymca.ca) and a complete registration package will be emailed to you.
- Once available spots are filled, a waitlist will be started regardless of returning registrant status.