



## 2024/2025 Early Learning Centre Registration Package

To register for the YMCA Early Learning Centre in one of our **Moose Jaw** locations please complete the forms attached.

Please note that the Early Learning Centre registration is only available to children age **3 to 5 years**.

### YMCA Early Learning Centre Hours & Locations:

#### **St. Margaret**

**Monday – Friday (AM) 8:30 AM – 11:00 AM or (PM) 12:30 PM – 3:00 PM**

#### **St. Michael**

**Monday – Friday (AM) 9:15 AM – 11:45 AM or (PM) 1:00 PM – 3:30 PM**

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

*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.



YMCA Early Learning Centre  
2024/2025 Registration  
**NEW/SIBLING/YMCA CHILDCARE**

Check the host school that you are enrolling in:

St. Margaret

St. Michael

**Age** (2024/2025 Program Year): \_\_\_\_\_

(Must be between the ages of 3 to 5 years & fully potty trained)

\*3 years by September 1 & 4 years by December 31\*

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

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

Male

Female

**Birth Date:** \_\_\_\_\_

**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\*

St. Michael (AM) \$190.00

St. Margaret (AM) \$190.00

St. Michael (PM) \$190.00

St. Margaret (PM) \$190.00

St. Michael (Full time) \$380.00

St. Margaret (Full time) \$380.00

**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.

I understand that enrollment minimums must be met in order for the program to proceed. I acknowledge that I will be contacted if the program is canceled due to lack of enrollment.

\_\_\_\_\_  
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 (approved to pick-up child):

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:



## Parent's Contract

As the parent/guardian of \_\_\_\_\_, I hereby apply to have my child enrolled in the YMCA Early Learning Centre based on 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: <https://regina.ymca.ca/moose-jaw-early-learning/> and may be amended from time to time.
2. I understand that if I change my job, telephone number, or address that 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, administration fee is due at the time of submitting the registration form.

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



# 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 cete entente en anglais.

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

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

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

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

Telephone No.: \_\_\_\_\_

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

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

\_\_\_\_\_  
Name of Parent or Guardian, if applicable



# Early Learning Centre Pre-Authorized Payment Agreement

Early Learning Centre

| 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:    Visa        Mastercard        American Express        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 Ser-vices is to be retained by both the parent and the child care service provider. The parent may be required to sign additional doc-umentation 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 indicat-ed 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.

**St. Michael AM class 9:15 am - 11:45 am | PM class 1:00 pm - 3:30 pm**  
**École St. Margaret AM class 8:30 am - 11:00 am | PM class 12:30 pm - 3:00 pm**  
**\*Closed Statutory holidays including Boxing Day.**

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 pro-cedures 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.**

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 condi-tions of participation in Before and After School programs and Early Learning Centre Kinder Club.





## Appendix

- PAD forms must be completed and submitted with this registration.
- 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@mjymca.ca](mailto:stephanie.ramsey@mjymca.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 ([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 wait list will be started regardless of returning registrant status.