



## 2026/2027 YMCA Kinder Club Registration Package

To register for the YMCA Kinder Club in one of our Moose Jaw locations please complete the forms attached.

**Please note that the YMCA Kinder Club registration is only available to children ages 5 to 6 years.**

**-St. Margaret**

**-St. Michael**

### YMCA Kinder Club Hours:

**St. Margaret** Monday - Friday 8:30 AM - 3:00 PM

**St. Michael** Monday - Friday 9:00 AM - 3:30 PM

\*Program runs on opposite days of registered Kindergarten days.

\*Closed on all statutory holidays & professional development days.

**\*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.*

*\*If you have previously paid this administration fee for a 2022/2023 program enrollment, it will not be applied again to this drop-in registration.*

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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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YMCA Kinder Club
REGISTRATION 2026/2027 - MOOSE JAW

Check the host school that you are enrolling in:

- St. Margaret St. Michael

Age: (2026/27 Program Year):
(Must be between the ages of 5 to 6 years old)

Child's Name: First Name Last Name

Address: 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:

\*Fees are scheduled monthly on the first of the month\*

Full Time \$335

\*Closed on all statutory holidays & professional development days

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. I have read and understood the Parents Manual available on the YMCA website:

https://regina.ymca.ca/moose-jaw-before-after-school-programs/

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 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Business 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 Early Learning Centre Kinder Club 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? If yes, what?  Yes  No

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 Early Learning Centre Kinder Club:

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 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 Early Learning Centre Kinder Club 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-before-after-school-programs/> 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: \_\_\_\_\_



✓ **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:

- 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.

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.



## Appendix

- All families must complete the attached re-registration form(s) (one per registrant). Registration forms will not be accepted without the checkbox completed to authorize using the banking information and contract that the YMCA currently has on file in lieu of providing a new PAD.
- 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.