

**2023/2024 YMCA OF REGINA BEFORE AND AFTER SCHOOL
PROGRAM NEW/SIBLING/YMCA CHILDCARE REGISTRATION FORM**

School Name: _____

(Please note that a child must be registered in the host school prior to enrollment in the program)

Grade: (2023/2024 Program Year): _____ *(Must be in at least Grade 1)*

Check all that apply:

- ☐ **Sibling in Program. Name of sibling:** _____ **OR**
☐ **Attended a YMCA of Regina Childcare Center in 2022-2023. Name of Center:** _____

Child's Name: _____

(First and Last Name)

Address: _____ **Postal Code:** _____

☐M ☐F **Birth Date:** day/ month/ year

Parent/Guardian #1: _____ **Phone #:** (h) _____

(w) _____

(c) _____

Email Address: _____

Parent/Guardian #2: _____ **Phone #:** (h) _____

(w) _____

(c) _____

Email Address: _____

Emergency Contact Name and Number: _____

REGISTRATION DETAILS:

**Each site has a limited number of spaces available (see appendix for more details).*

- | | | | |
|---|-----------------|---|-----------------|
| <input type="checkbox"/> Full Time Care | \$325.00 | <input type="checkbox"/> Mornings Only | \$180.00 |
| <input type="checkbox"/> Afternoons Only | \$225.00 | <input type="checkbox"/> Snack | \$25.00 |

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 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 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 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 of Regina Before and After School Program 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 and may be amended from time to time.
2. I understand that if I change my 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 upon registration.

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***).

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:

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.

Date: _____

Print Name: _____

Telephone No.: _____

Address: _____

Signature of Witness

Signature of Participant

Name of Parent or Guardian, if applicable



Appendix

- All families must complete the attached registration form (one per registrant) and will be required to complete and submit a Pre-Authorized Debit Form (PAD) at a later date.
- Please note that all registration forms are subject to a \$50.00 **non-refundable** administration fee made payable **upon registration**.
- All registration forms **MUST BE EMAILED**, and completed in full. No paper copies will be accepted. Please note that once available spots are filled, a wait list will be started. Number of available spots, by site, are listed below and are subject to room approval by the school.
- If your child has any 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 in order to create a positive experience. Please contact the Director of School-Based Programs at REG-beforeafter@regina.ymca.ca
- **Schools Out Day Camp Information (SODC):** All Before and After School Program registrants will receive member pricing upon registering for any single day camps as well as for any week-long day camps from September 2023 to June 2024.

School Name	Full-time	AM OR PM	TOTAL
Centennial	20	5	25
George Lee	17	5	22
Henry Janzen	15	5	20
MacNeill	15	5	20
Massey Littles (grade 1-3)	18	5	23
Massey Bigs (grade 4-8)	16	5	21
McLurg	15	5	20
McVeety	15	5	20
St. Angela	20	5	25
St. Dominic	15	5	20
St. Gregory	15	5	20
St. Jerome	13	3	16
St. Josaphat	20	5	25
St. Marguerite	20	5	25
St. Mary	15	5	20
St. Pius Littles (grade 1-3)	15	5	20
St. Pius Bigs (grade 4-8)	15	5	20