



## 2026/2027 Before & After School Program **NEW** Registration Package

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

Email your completed forms to [REG-beforeafter@regina.ymca.ca](mailto:REG-beforeafter@regina.ymca.ca)

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

École Centennial	St. Angela
George Lee	St. Dominic Savio
Henry Janzen	St. Gregory
MacNeill	St. Jerome
École Massey	St. Josaphat
Marion McVeety	St. Marguerite
McLurg	St. Mary
	St. Pius

***\*Please Note:*** *There will be a \$50.00 non-refundable administration fee for each registration form submitted. This fee will be processed once your registration form has been processed, no exceptions.*

**2026/2027 YMCA OF REGINA BEFORE AND AFTER SCHOOL PROGRAM  
NEW REGISTRATION FORM**

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

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

Grade: \_\_\_\_\_ (Must be in at least Grade 1 in the 2025/2026 Program Year)

Check all that apply:

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

Attended a YMCA of Regina Childcare Center in 2025-2026.

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  | \$390.00 | <input type="checkbox"/> Mornings Only | \$260.00 |
| <input type="checkbox"/> Afternoons Only | \$260.00 | <input type="checkbox"/> Snack         | \$30.00  |

**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 from 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 (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 regarding 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, which 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 **Kind** 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 focus on **Well-Being**, by looking after my Before and After School Program friends, by being gentle while playing.
4. I will have **Integrity** and 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 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 center 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 to do so. All changes will be effective from the first of the following month.
7. I understand that a \$50.00 per registration, administration fee is due with the first month's fees.

**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) as well as complete and submit a Pre-Authorized Debit Form (PAD) with my registration. All families will be required to input and save their banking/credit card information to their Active Net account at a later date.
- Please note that all registration forms are subject to a \$50.00 **non-refundable** administration fee made payable upon registration. This fee will be processed once your registration form has been processed, no exceptions.
- All registration forms **MUST BE EMAILED** to [REG-beforeafter@regina.ymca.ca](mailto:REG-beforeafter@regina.ymca.ca) and completed in full. **No paper or photocopies will be accepted. All registration forms must be completed in PDF format.**
- Please note that once available spots are filled, a wait list will be started. The number of available spots by site are listed below.
- 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 can 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](mailto:REG-beforeafter@regina.ymca.ca)

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



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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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
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**Payment Authorization \*Note Only one payment account may be indicated. No split payments.\***

Account Holder First Name	Account Holder Last Name
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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 \$
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**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 of Regina website: <http://regina.ymca.ca/before-and-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.