

2022/2023 Registration Package

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

Please note that the Early Learning Centre Kinder Club registration is only available to children ages 5 to 6 years.

-St. Margaret -St. Michael

YMCA Early Learning Centre Kind Club Hours:

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

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

*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. 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.

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 Kinder Club REGISTRATION 2022/2023 - MOOSE JAW

Check the host school that you are enrolling	<u>g in:</u>
St. Margaret St. Michael	
Age: (2022/23 Program Year):(Must be between the ages of 3 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)
Email Address:	(c)
Alternate	
Emergency Contact:	(w)
Relationship to Child:	(c)
Fees are scheduled mon	thly on the first of the month
□ Full Time Care \$305	
*Closed on all statutory holidays & professiona	<mark>l development days</mark>
AGRI	EEMENT
amended from time to time. I have <u>read and under</u> website: https://regina.ymca.ca/moose-jaw-before I understand that I must provide 30 days' notice to understand that I must complete and submit the reeffective for the first of the following month.	e-after-school-programs/ withdraw or change my registration status and
Parent/Guardian Signature	 Date



Child's Emergency Information

Child's Name:	Personal Health Number:	
Date of Birth:/	Group Medical Services or	
Day Month Year	Medical Services Incorporated Number	
Parent/Guardian #1:	Parent/Guardian #2:	
Address:		
Postal Code:	Postal Code:	
Home Phone:	Home Phone:	
Business Phone:	Business Phone:	
Cell Phone:		
Two other persons to contact in case of a 1. Name: Relationship: Home Phone: Business Phone: Cell Phone:	Relationship: Home Phone: Business Phone:	
Physician's Name: Address:		
List all known allergies:		
Drug Food	d Other	
List all medications, if any, which may no hours (additional form will need to be co	eed to be taken during Early Learning Centre Kinder Club ompleted):	
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?		
What language is primarily spoken in the home?		
Is your child shy?		
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?		
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 s	afe at the Early Learning Centre Kinder Club

- 1. I will <u>Respect</u> 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 <u>Caring</u> 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 L	earning Centre Kinder Club based on
the following conditions:	

- 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 with the first month's fees.

Signature of Parent/Guardian:	Date:	
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✓ 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 <i>indirectly supervised</i> for a short period of time and hereby grant permission for my child to be <i>indirectly supervised</i> 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 made payable with your first month's payment.
- Forms **MUST BE** emailed to <u>stephanie.ramsey@mjymca.ca</u>

 If the minimum number of participants are not meet, we will not be able to run the program.
- To acquire additional forms for any siblings, please contact the Director (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.