



YMCA of Medicine Hat

Before & After School Care Registration Form

Site (please list name of school where child will be attending): _____

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Parent/Guardian (Primary)	Parent/Guardian (Secondary)
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____ _____	Address: _____ _____
Postal Code: _____	Postal Code: _____
Telephone: _____ (h/c) _____ (w)	Telephone: _____ (h/c) _____ (w)
Employer: _____	Employer: _____
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____
E-mail: _____	E-mail: _____
*required for program communication & updates	*required for program communication & updates

ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY:

Please provide names of individuals who are available to assist when an emergency occurs and we cannot reach you.

1. Name: _____
 Address (include pc): _____
 Home Phone: _____ Work Phone: _____
 Work Place: _____ Relationship to Child: _____
 Work Address (include pc): _____

2. Name: _____
 Address (include pc): _____
 Home Phone: _____ Work Phone: _____
 Work Place: _____ Relationship to Child: _____
 Work Address (include pc): _____

Please list individuals (ages 16 or older) who you authorize to pick your child up from the program:

1. Name: _____ Telephone: _____
 2. Name: _____ Telephone: _____
 3. Name: _____ Telephone: _____
 4. Name: _____ Telephone: _____



KINDERGARTEN CHILD PROFILE INFORMATION

Names and ages of other children in your family:

1: _____ 3: _____

2: _____ 4: _____

Is your child toilet trained? _____ Require Assistance? _____

Has your child been in child care before? _____

If yes, please comment about your child's experience while in care? _____

Is your child is right handed? _____ left handed? _____

Please comment on anything that may impact the care of your child, so we may ensure your child is comfortable.

1. Known fears or anxiety?

2. Foods that your child will refuse to eat: _____

3. Separation from parents - how does your child handle saying good-bye?

4. Anything you would like us to know about your child:

5. Describe the goals you would like to set for your child:



MEDICAL DATA

Child's Name: _____ AHC #: _____

Physician Name: _____ Phone #: _____

Physician Address: _____

HEALTH INFORMATION

Please explain if your child has experienced any of the following:

Immunization current: YES No

If no, explain why _____

a) Allergies

EpiPen/Twinject _____ Inhaler/Puffer _____

Food/Medication/Animals _____

b) Reoccurring medical problems: (ie: RSV, chronic ear infection, roto virus, asthma, etc.)

c) Seizures: _____

d) Medical Dietary Problem: _____

e) Please list any communicable diseases your child has had: _____

f) Does your child have any special needs or disabilities? (i.e.: speech, hearing, daily medication.) Please explain:



GRADES 1 – 6 CHILD PROFILE INFORMATION

Names and ages of other children in your family:

1: _____ 3: _____

2: _____ 4: _____

Has your child been in Before & After School care before? _____

If yes, please comment about your child’s experience while in care? _____

Please comment on anything that may impact the care of your child, so we may ensure your child is comfortable.

6. What interests does your child have?

7. What types of physical activities you’re your child prefer?

8. Does your child have any behavioral concerns? If so, how do you respond?

9. Anything you would like us to know about your child:

10. Describe the goals you would like to set for your child:



MEDICAL DATA

Child's Name: _____ AHC #: _____

Physician Name: _____ Phone #: _____

Physician Address: _____

HEALTH INFORMATION

Please explain if your child has experienced any of the following:

Immunization current: YES No

If no, explain why _____

g) Allergies

EpiPen/Twinject _____ Inhaler/Puffer _____

Food/Medication/Animals _____

h) Reoccurring medical problems: (ie: RSV, chronic ear infection, roto virus, asthma, etc.)

i) Seizures: _____

j) Medical Dietary Problem: _____

k) Please list any communicable diseases your child has had: _____

l) Does your child have any special needs or disabilities? (i.e.: speech, hearing, daily medication.) Please explain:



**YMCA of MEDICINE HAT BEFORE & AFTER SCHOOL CARE PROGRAM
PARENT AGREEMENT/CARE AGREEMENT**

- 1) The YMCA of Medicine Hat Before & After School Care Program assumes no liability or responsibility for anything that occurs because of false information provided at the time of registration.
 - a. It is the parents' responsibility to inform the Site Director of any changes that occur after the original registration form was completed. (i.e., phone number, employment, emergency pick up, etc.).
- 2) Parents agree to communicate with the Site Director and Educators on a regular and ongoing basis.
- 3) Parents must physically accompany their child into the designated program area for all drop-offs and pick-ups, ensuring their child is signed in and out of the program.
- 4) Parents requiring scheduled care agree to provide the hours of care required to the Site Director as soon as possible. Parents are responsible for adhering to this schedule and will advise the Site Director of any changes to arrival and pickup times.
- 5) Parents requiring non-scheduled, drop-in care must provide notice to the Site Director as follows:
 - a. For attendance in morning programming, notice must be given by 4:00 pm the day prior
 - b. For attendance in afternoon programming, notice must be given by 10:00 am the same day
 - c. Failure to provide notice means that a spot will not be held for your child.
- 6) The YMCA of Medicine Hat Before & After School Care Program may provide or allow for the provision of health care to your child only if the health care provided is in the form of first aid.
 - a. All necessary first aid will be conducted immediately, while making your child as comfortable as possible.
 - b. If required, arrangements for transportation to the hospital will be made through Emergency Medical Services. You will be informed immediately of any injury or trip to the hospital. We request you meet us as soon as possible.
- 7) A pre-authorized payment plan allowing the YMCA of Medicine Hat to debit your bank account or credit card is required with all registrations. Hours of care will be calculated at the end of each month and an invoice will be emailed to you. Fees will be pulled directly from your bank account or credit card on the 15th of every month. If the 15th falls on a weekend or stat holiday, the payment will be pulled the last business day prior to the stat.
 - a. A non-refundable \$30 fee will be applied to any NSF payments
- 8) Parents agree that pictures of their child can be taken for programming, promotional and news media reasons. If you do not consent to this, please provide notice to the Site Director in writing.
- 9) One month written notice must be submitted to the Site Director to terminate your child's involvement in the program. A non-refundable \$250 fee will be charged to any parents who fail to provide notice.



I have received, read, understood, and agree to abide by the above terms. I understand that a Parent Handbook outlining the program's policies and procedures will be provided to me prior to September 1st.

Parent/Guardian #1 Signature Date _____

Parent/Guardian #2 Signature Date _____

Site Director Signature Date _____

Agreed Hours of Attendance: _____

Commencement Date: _____ Fees: _____

Applying for Provincial Subsidy: _____

Site Director: _____

Email: _____

Phone: _____

Return completed forms by email to your school's Site Director.

Note: During the 2018 summer months, completed forms can be emailed to:

**Victoria Potter, Before & After School Care Program Manager
victoria.potter@medicinehatymca.ca**