

Child Care Registration Form

Thank you for choosing YMCA of Northeastern Ontario, Child, Youth & Family Development. To register your child, please complete this form using **legal names (as it appears on government-issued identification/documents)** and return it to the Supervisor or Designate along with all required documentation at least **five business days before** your child's start date.

Child's Information

Last Name: _____
 First Name: _____
 Date of Birth (Y/M/D): _____
 Gender: _____
 Address: _____

 City: _____
 Postal Code: _____
 Home Phone: _____
If your child is registered in school, please complete the following information:
 School Name: _____
 School Phone Number: _____
 Grade: _____

Allergies Yes No

Please indicate reactions as well as any allergy.

Drug: _____
 Food: _____
 Insect stings or bites: _____
 Other: _____
 Reactions: _____

Carries EPI Pen: Yes No
 Carries Inhaler: Yes No

Please review our Chronic Illness and Medication Procedure found in our Family Information Guide.

Custody Information

If there is a legal custodial agreement, the YMCA requires a copy. We are only able to enforce custodial directions if it is a legally binding document.

Custody documents are included?

N/A Yes No

My child **MAY NOT** be released to:

Primary Contact: Parent/Guardian 1

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Date of Birth (Y/M/D): _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

When my child is in care, I can be reached at:
(Place of employment/school)

Location: _____
 Address: _____
 Phone: _____
Address (ONLY if different than child):
 Address: _____
 City: _____
 Postal Code: _____

Secondary Contact: Parent/Guardian 2

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Date of Birth (Y/M/D): _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

When my child is in care, I can be reached at:
(Place of employment/school)

Location: _____
 Address: _____
 Phone: _____
Address (ONLY if different than child):
 Address: _____
 City: _____
 Postal Code: _____

Emergency Contact and Authorized Pick-Up Information

The following contacts are authorized to pick up your child, or should an emergency arise and either the primary or secondary contacts cannot be contacted, they will be contacted and will assume responsibility for your child. **Proper identification is required at the time of pickup.**

Authorized Person #1

Other than Parent/Guardian

Full Name: _____
 Relationship to Child: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Authorized Person #2

Other than Parent/Guardian

Full Name: _____
 Relationship to Child: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Authorized Person #3

Other than Parent/Guardian

Full Name: _____
 Relationship to Child: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Family Information Guide & Program Statement

Please visit our website for our "YMCA Family Information Guide", which highlights our philosophy, policies, and procedures. Please review carefully and feel free to contact us with any questions or concerns. By signing below, I/we understand to visit the YMCA of Northeastern Ontario's website for the Family Information Guide or that I may request a hard copy from my child's program at any time.

Parent/Guardian Signature: _____ Date: _____

YMCA Privacy Policy & Canadian Anti-Spam Legislation Consent

The YMCA requests your consent to comply with Canada's Anti-Spam Legislation (CASL), therefore, by signing this section below, you are giving your consent to allow us to send you important information regarding your child care services and registration via email.

Parent/Guardian Signature: _____ Date: _____

For more information on Canada's anti-spam law, visit the Government of Canada's website by visiting <http://fightspam.gc.ca>. As a charitable organization, community-based organization, the YMCA of Northeastern Ontario is committed to protecting your right to privacy. The personal information you share with the YMCA is used to support the work of the YMCA. If you have any questions or concerns regarding your privacy, please email us at communications@ymcaneo.ca.

Medical Information

Doctor's Name: _____
Doctor's Address: _____
Doctor's Phone: _____
Dentist's Name: _____
Dentist's Address: _____
Dentist's Phone: _____

Record of Immunization

Please attached a copy of your child's immunization record.

Copy of Immunization Record included? Yes No

History of Communicable Diseases

Please check below if your child has had:

- Measles Hepatitis Rubella (German Measles)
- Mumps Whooping Cough Mononucleosis
- Chicken Pox Scarlet Fever
- Other (please indicate): _____

Emergency Medical Consent

In the event of an accident, injury, illness or other emergency situation involving my child, and immediate contact by the YMCA with a parent/guardian cannot be made, I authorize and grant permission to the YMCA of Northeastern Ontario to secure proper medical treatment, as deemed necessary by the attending medical professional(s) and authorize on my behalf all procedures, including admission to an emergency unit, hospital and treatment therein, ordering of X-rays, test, injections, anesthesia and/or surgery. I agree not to hold the YMCA of Northeastern Ontario responsible for any costs or injury arising out of an emergency.

Parent/Guardian Initials: _____

Chronic Illness, Anaphylaxis Alert & Medication

A **chronic illness** is when a child requires medication regularly (i.e. diabetes, asthma, etc.). If your child has a chronic illness or life-threatening allergy, parents are required to complete an **Individual Anaphylactic Plan (IAP) or Individual Medical Plan (IMP)**.

Should my child require **medication**, I understand that I am required to complete an "Authorization for Medications" form.

*All medication must be hand-given to a YMCA of Northeastern Ontario Educator or Self-Employed Home Child Care Provider to ensure it is stored out of the reach of the children. **Your child may not attend without a signed form and their EpiPen or other required medication.**

The YMCA of Northeastern Ontario will only administer medications provided the medication is:

- Prescribed by a doctor; or
- If over the counter, accompanied with a doctor's note with instructions for use.

Due to the frequency and their long-term usage, diaper creams, sunscreen, insect repellent, moisturizing skin lotion, lip balms and hand sanitizers can have a blanket authorization (form to be signed) from a parent and can be administered if it is a non-prescription and/or they are not for acute (symptomatic) treatment, whether they have a drug identification number (DIN) or not. For safety purposes, the medication or product must be hand-given to a YMCA of Northeastern Ontario staff, never to be left in the child's cubby and/or backpack.

Parent/Guardian Initials: _____

Consent for Sunscreen and Insect Repellent

I understand that it is my responsibility to supply **non-aerosol** sunscreen of SPF 30 or higher every day for my child. YMCA of Northeastern Ontario Educators or Self-Employed Home Child Care Providers will assist or apply the sunscreen or insect repellent before any outdoor activity, and repeat applications after one hour in water or two hours of activity in the sun or according to the instructions on the label. The YMCA of Northeastern Ontario Educator or Self-Employed Home Child Care Provider will keep an emergency supply of sunscreen and insect repellent onsite. Sunscreen and insect repellent must be labeled with my child's name.

It is recommended that children who have fair skin, freckles, or numerous moles; have blonde, red or light brown hair; or have a family history of skin cancer bring an extra t-shirt to wear in the water for extra protection. The YMCA of Northeastern Ontario reserves the right to disallow anyone to participate in the program at any time for failing to comply with this policy. Should your child have a skin allergy or sensitivity to one or both products listed below, please check the appropriate box.

- Sunscreen** DO NOT apply sunscreen to my child.
- Insect Repellent** DO NOT apply insect repellent to my child.

For more information on sunscreen and insect repellent guidelines and application, please visit the Health Canada Website @ www.hc-sc.gc.ca or call your local health unit.

Parent/Guardian Initials: _____

Health and Wellness

If your child shows symptoms of ill health such as fever, vomiting or diarrhea, your child will not be accepted into our care. In the case of discharge from the eyes or the ears and rashes deemed suspicious, a physician's note may be required stating the nature of the illness. If your child develops symptoms of ill health while in our care, you will be contacted to pick up your child. **Children must be free of a fever of 38°C as a result of illness for twenty-four consecutive hours and forty-eight consecutive hours for vomiting and diarrhea before returning to the child care center.**

Parent/Guardian Initials: _____

Consent for "Look See" Developmental Screen and ASQ's (Ages & Stages Questionnaire)

These tools are designed to provide an easy-to-use method of recording the development and progress of children. While these screening tools are to be completed by a parent or caregiver, they are not meant to be a substitute for professional advice and/or treatment. **For further information, please visit:**

<https://lookseechecklist.com/>

I hereby give my consent to have the YMCA of Northeastern Ontario Educators, Self-Employed Home Child Care Providers or community resource consultants complete developmental screens on my child.

Parent/Guardian Initials: _____

Shine On

Individual Support Plan

An **Individual Support Plan (ISP)** may be completed if there are any medical, emotional, social or behavioral challenges that the Educators or Self-Employed Home Child Care Provider should be informed of to better care for your child.

Does your child have or require an ISP? Yes (please attach) No

For School-Aged Children:

Does my child have 1-on-1 care or other school resources?

Yes (please explain) No

My Child's Interests and Fears

Child's Interests:

Child's Fears:

Photography Consent (Programming)

I hereby give consent for my child to be photographed for the purpose of YMCA of Northeastern Ontario programming, promotion and/or advertising. This may include but is not limited to Weemarkable, classroom pictures, etc.

Yes No

Parent/Guardian Initials: _____

Photography Consent (Media)

I hereby give consent for my child to be photographed by the media when they are invited to report on special events and for promotion and/or advertising.

Yes No

Parent/Guardian Initials: _____

Transportation Procedure

I understand that the YMCA of Northeastern Ontario is not responsible for my child until they arrive (are signed in) at the YMCA Program or Self-Employed Home Child Care Provider's or after they leave (are signed out). For the safety of your child, parents and/or guardians must approach a YMCA of Northeastern Ontario Educator or Self-Employed Home Child Care Provider when dropping off and picking up your child. Should your child walk or be transported by bus or taxi, a **Transportation Consent to Release** form must be completed with all relevant information and signed (please request one from the YMCA upon or prior to registration).

Parent/Guardian Initials: _____

Activities on Property/Neighborhood Walks

I hereby give consent for my child to use all play materials or equipment and to actively participate in all activities associated with the child care program, including walks within the community.

Yes No

Parent/Guardian Initials: _____

Limitation of Liability

While YMCA of Northeastern Ontario staff will make every reasonable effort to minimize exposure to known risks, I understand that in registering my child with the YMCA of Northeastern Ontario's Child Care Services, my child will be involved in physical activities and that with any physical activity, there is a potential for risk or injury. I do hereby release the YMCA of Northeastern Ontario, and its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from all liability for damages sustained in consequences of loss, injury or damages to myself or my child, and from all other actions, causes of action, claims, demands, or damages of any kind concerning injury, loss or damages to any person or property including myself or my child arising out of or connected with the preparation for, or participation in YMCA of Northeastern Ontario programs and/or activities. You may purchase optional personal insurance for your child(ren).

Parent/Guardian Initials: _____

Absences (Safe Arrival Policy)

If your child will be absent on a scheduled day, please call your program before 9:00am. Please note that the same rule applies if your child is enrolled in any of our before and/or after-school programs. **If you are picking up your child from school, you must inform us of their absence by 3:00pm.** The schools are not obligated to inform us that your child has been picked up from school. If we do not hear from you, the child care supervisor will follow the steps outlined in our Safe Arrival Policy. Should attempts to contact you or your emergency contacts regarding your child's absence be unsuccessful, we will assume that your child is missing and contact local authorities.

Parent/Guardian Initials: _____

I hereby declare that the information contained in this package is accurate and that I will inform the YMCA of Northeastern Ontario of any changes to this information when/if they arise. I declare that I have reviewed the policies and procedures as outlined in the YMCA of Northeastern Ontario's Child Care & Early Learning Family Information Guide and Program Statement and agree to abide by them. I understand that policies will/may be periodically updated and that any resulting changes will be communicated to parents/guardians.

Parent/Guardian (Print Name): _____ Staff Witness (Print Name): _____

Signature: _____ Signature: _____

Date: _____ Date: _____



Shine On

For Office Use Only – Approved Care

Start Date: _____ Location: _____

Withdrawal Date: _____ Updated: _____

Full Days Before School After School Half Days Extended/Overnight PD Days Holiday Break March Break

Full-Time: Monday to Friday **Part-Time:** Mon Tue Wed Thu Fri Sat Sun

Supervisor Signature: _____ Date: _____