



2019-2020 Before & After School Care Registration

CHECKLIST

The following forms are required to be completed before the first day of child care. The information collected is to meet licensing, accreditation and YMCA requirements and provides us the opportunity to best care for your child.

All forms are to be completed by the parent/guardian and reviewed and signed by the Director.

Child's Name: _____ Start Date: _____ Grade: _____

Form	Completed	Reviewed
Admission Agreement – complete yes or no questions		
Family Information – emergency contact other than parent/guardian must be completed		
All About Me Form		
Medical Information – immunization record to be reviewed by Director. * Should your child not meet immunization records as outlined by Alberta Health Services, Release of Liability must be completed.		
Policy Sign Off Form – Administration, Child Guidance, Health and Wellness, Programming, Supervision		
YMCA Child Care / School Information Sharing Agreement – if applicable		
YMCA Social Media & Photo Release - optional		
Child Care Membership Form – Enrolled Full time or have chosen a Fee Level		
Drop -in Care – discuss with families who have chosen Hourly Rate		
Fee Options		
Government of Alberta Subsidy – if applicable		
Pre-Authorized Payment Form – including registration fee, payment information, payment policy sign off. Includes fee options		
Credit Card Authorization – completed and handed into Accounting Office		

All YMCA Child Care Policies are available from your Site Director: [Before & After School](#)

We welcome family volunteers in our programs.

If you are interested, please speak to your Director for information on completing our volunteer package.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Director Authorization: _____

Date: _____



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ADMISSION AGREEMENT

All YMCA Child Care parents/guardians must sign and return this admission agreement. **Please read carefully.**

- The YMCA of Medicine Hat Before & After School Care Program will not assume responsibility for anything that occurs as a result of false information given at the time of registration.
- Fees are charged monthly and payment must be made on the 1st of the month for full time or level fees or the 20th of the month for hourly rates & families receiving Government of Alberta child-care subsidy. Children are not registered until payment is scheduled.
- Full fees will be charged for weeks with statutory holidays and for children who miss any part of the week due to illness or vacation or choosing to not attend our field trips.
- We require families to use a pre-authorized payment plan. The YMCA accepts payment by Credit Card or Automatic Bank withdrawal. YMCA Child Care programs do not accept cash. *Further information is located on the **Pre-Authorized Payment Form**
- Families are required to clear balances on their account within 5 business days of notification or child-care will be suspended.
- It is the parents/guardians' responsibility to notify us of any absences, especially after school. If the YMCA is required to follow the Procedure for Children Unaccounted for After School and a child is determined to have been expected to attend, families will be charged a \$25 fee.
- All programs close at 6:00 pm. The YMCA requires families to contact programs directly if they will be late.
- Parents/guardians must notify the program if someone other than themselves will be picking up the child and that person must be **16 years or older**. A child will not be released to anyone not listed as an authorized person on the Registration form.
- When a child shows signs of sickness at home, it is the parent/guardians' responsibility to find out what the illness is and to keep the child at home or make other arrangements if the child's condition is infectious. If a child cannot take part in an activity (including outdoor play) because of illness, they should not come to the program that day.
- 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 health care provided is in the form of first aid.
 - All necessary first aid will be conducted immediately, while making your child as comfortable as possible.
 - Staff are able to provide a cold pack/cloth or band aid to my child if needed.
 - 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.
- Parents/Guardians must allow YMCA Child Care Educators to ensure a child receives medical attention, as necessary, in the event of an injury or serious illness.
- Parents/Guardians allow the centre to post information regarding allergies or medical concerns in the centre.
- If parents/guardians choose not to send their children on field trips, they are required to make alternate arrangements for care. The YMCA is unable to provide care for children who do not attend field trips.
- The YMCA requires parents/guardians to be available to meet with Child Care Educators, when mutually convenient, to discuss their child's behaviour or conduct, if necessary.

I have read, understood and accept the YMCA of Medicine Hat's policies and procedures regarding child guidance and discipline, illness, administration of medications, arrival and dismissal procedures and emergency evacuations as outlined in the YMCA Before & After School Care Program Parent Handbook. **YES** **NO**

I, _____ PARENT/GAURDIAN of _____ have received, read, understood and accepted the YMCA of Medicine Hat's Child Care Policies & Procedures, available from my Site Director, and accept the responsibilities required of me.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Site Director Authorization: _____

Date: _____



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FAMILY INFORMATION

School : _____ Grade: _____ Teacher: _____

CHILD	Name: _____
	Birth date: _____
	Family Home Phone: _____
	Physical Address: _____ _____
	City: _____ Postal Code: _____
Parent/Guardian	Name: _____
	Physical Address: _____
	City: _____ Postal Code: _____
	E-mail Address: _____
	Relationship to Child: _____
	Home Phone Number: _____
	Cell Phone Number: _____
	Place of Work: _____
	Work Address: _____
Work Phone Number: _____	
Parent/Guardian	Name: _____
	Physical Address: _____
	City: _____ Postal Code: _____
	E-mail Address: _____
	Relationship to Child: _____
	Home Phone Number: _____
	Cell Phone Number: _____
	Place of Work: _____
	Work Address: _____
Work Phone Number: _____	



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In case of an accident or illness, the above will be notified. If not available, who could be contacted?

Emergency Contact	Name: _____
	Physical Address: _____
	City: _____ Postal Code: _____
	Relationship to Child: _____
	Home Phone Number: _____
	Cell Phone Number: _____
	Place of Work: _____
	Work Address: _____
Work Phone Number: _____	
Emergency Contact	Name: _____
	Physical Address: _____
	City: _____ Postal Code: _____
	Relationship to Child: _____
	Home Phone Number: _____
	Cell Phone Number: _____
	Place of Work: _____
	Work Address: _____
Work Phone Number: _____	

Authorized Person(s) other than the parent/guardian(s) to whom child may be released:

Name: _____
Phone Number: _____
Alternate Phone Number: _____
Name: _____
Phone Number: _____
Alternate Phone Number: _____
Name: _____
Phone Number: _____
Alternate Phone Number: _____



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Person(s) to whom child may **NOT** be released. Name(s), description.

Are there any legal custodial issues? YES NO

If yes, please explain and supply relevant legal documents. *If yes, please refer to Parenting Order Acknowledgement.*

I, _____, acknowledge that, should there be a parenting order in place regarding my child _____, it is my responsibility to provide a copy of this order to the YMCA Before & After School Care Program. I also understand that I am responsible for providing any updates to this order should any changes occur. If I do not provide a copy of this parenting order, I understand that my child will be allowed to leave the program in the company of any parent/ guardian listed within their file. The YMCA Before & After School Care Program will not undertake any responsibility for the child upon releasing the child to a parent/ guardian in accordance with program procedures and licensing regulations.

Staff Use Only:		
Was a parenting order provided?	YES	NO
Staff Initials: _____		

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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ALL ABOUT ME

Grade: _____

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.

1. What interests does your child have? _____

2. What types of physical activities does your child prefers? _____

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

4. Is there anything you would like us to know about your child?

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



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MEDICAL INFORMATION

Child's Name: _____

Birth Date: _____

Alberta Health Care #: _____

Doctor Name: _____

Doctor Office Address: _____

Doctor Phone #: _____

Immunizations Current: YES NO Immunization Record Observed

If, for any reason a child is not immunized, a Release of Liability exemption form must be completed by the parent/guardian.

Please check if your child has had:

- | | | |
|--|---|---|
| <input type="checkbox"/> Polio | <input type="checkbox"/> German Measles | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles | <input type="checkbox"/> Whooping Cough |

Does your child have drug reactions of any kind? YES NO

If Yes, to which drugs? _____

Does your child have any medical conditions (Severe Allergy, Asthma, Heart Condition, Etc.)? YES NO

Are there any symptoms related to the above? Please describe.

Does your child require any emergency medications (i.e. inhaler or EpiPen)? YES NO

If so, please list: _____

Does your child regularly take any prescription or non-prescription medication YES NO

If so, please list: _____

Does your child have any other special needs or requirements that we should be aware of to provide the best care possible for your child? YES NO

Please describe:

Does your child have any special dietary needs or restrictions? YES NO

Please describe:

Has your child had any major operations? YES NO

If so, when and for what? _____

Are there any recurring physical limitations or concerns (ie: nose bleeds, joint dislocations, pigeon toed etc.)? YES NO

Please describe:

Parent/Guardian Signature: _____ Date: _____



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POLICY SIGN OFF

Child's Name _____

Excerpt from Child Guidance Policy

The YMCA is committed to helping children grow to their fullest potential in a safe, caring and nurturing environment. Educators are to practice proactive, prevention and intervention Child Guidance strategies, while avoiding prohibited practices. All Child disciplinary action taken must be reasonable for the circumstances that are occurring.

Excerpt from Health and Wellness Policy / Potential Health Risk

At the program, if the child develops symptoms listed in the Health and Wellness Policy, the Director or Educator will contact the parent/guardians or emergency contact immediately. If neither can be reached or refuse to pick up their child immediately, (within 2 hours), the YMCA will contact Child Protective Services and the Child Care Manager. While the child is awaiting pick up, he/she is kept separate from the other children as much as possible.

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. Staff are able to provide a cold pack/cloth or band aid to my child if needed.
- c. 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.

Excerpt from Supervision Policy

It is the responsibility of every YMCA Educator to ensure that all children in YMCA programs are supervised at all times, indoors and outdoors. Educators should always be within the range to easily communicate with children without the need to raise their voice. Supervision is actively participating in or guiding children's activities, while being attentive, alert and watchful of each child, as well as engaged with an entire group. Supervision is adjusted to the specifics of the child care environment and the individual needs of children attending the program (defined by Licensing).

Transportation

Child Care Educators will follow the Supervision Policy while transporting children.

Parent/guardians will be made aware and consent to any offsite activities, including the methods of transportation and supervision for the activity. Parent/guardians will be contacted in the event of an emergency evacuation and be notified regarding the methods of transportation and supervision.

The YMCA will take measures to be sure that the children are safe and well cared for during transportation. This includes ensuring providers of transportation follow our YMCA guidelines.

Methods of Transporting of Children

The YMCA may use the following methods to transport children for off site excursions or in case of emergency:

- Walking/self transportation
- School Bus/Charter Bus
- Ambulance (or emergency vehicle)
- *Use of personal vehicles for transporting children and youth is prohibited during program hours*

All YMCA of Medicine Hat Child Care Policies are available from your Site Director: [Before & After School Care](#)

I have read, discussed and understand the YMCA Administration of Medication, Child Guidance, Health and Wellness, Programming, Supervision and Transportation Policies and Procedures

Parent/Guardian Signature: _____

Date: _____



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INFORMATION SHARING AGREEMENT

To help ensure the safety, well being and continued development of the children in our care, the YMCA strives to work in partnership with all other community partners your child has contact with. This includes your child’s school or playschool, recreational activity providers, therapists or other individuals with who your child interacts. We feel it is important to have open and ongoing communication between you child’s educators and our program at the YMCA. To this end, we make every effort to ensure we are in contact with those organizations and individuals who impact your child. In order to make this information sharing partnership a success, we ask your permission to discuss items which are related to your child’s time with us, and to in turn seek information from the community partner which would help us better meet your child’s needs.

I, _____ authorize the YMCA Before & After School Care Program to release personal information regarding my child, _____, to the appropriate school and school district in order to better provide care for my child. I understand that my personal information will be shared on a need to know basis only. I also understand that consent is voluntary. By signing below, I authorize this consent form to remain valid until revoked in writing, or upon file closure.

I authorize the YMCA Before & After School Care Program to contact, and release information where applicable to the following school/ school boards: (please check each that are applicable)

- Ross Glen Elementary School
- Vincent Massey School
- River Heights School
- Herald School
- Webster Niblock School
- Ecole Connaught School
- Southview Community School
- Crestwood School
- George Davidson School
- Dr. Ken Sauer School
- Dr. Roy Wilson Learning Centre
- Medicine Hat Public School Division 76
- _____

Parent’s Full Name (Printed)

Parent’s Signature

Date: _____



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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 the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an **“Authorized Third Party”**) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the **“Purposes”**). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

By signing this Form, you are consenting to the taking of photographs and/or video of you by the YMCA for the Purposes, you are assigning 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 recordings, in where or in part, by YMCA and any Authorized Third Party 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 reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the **“Work Product”**). I confirm that neither the YMCA nor any Authorized Third Party shall 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 other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature 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.

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, any Authorized Third Party and their respective 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 majority in my province or territory of residence 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 majority in my province or territory of residence, 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.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____ Print Name of Participant: _____ Telephone No.: _____

Address: _____

Signature of Witness

Signature of Participant

Print Name of Parent or Guardian, if applicable

Signature of Parent or Guardian, if applicable



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CHILD CARE YMCA MEMBERSHIP

The YMCA of Medicine Hat is please to provide complimentary health, fitness and aquatics membership* for your child while enrolled in the Before & After School Care Program

Child's Name _____

Home Phone _____

Parent/Guardian's Name _____

YMCA Before & After School Care Programs

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Connaught | <input type="checkbox"/> Vincent Massey | <input type="checkbox"/> Webster Niblock | <input type="checkbox"/> Dr. Ken Sauer |
| <input type="checkbox"/> River Heights | <input type="checkbox"/> Herald | <input type="checkbox"/> George Davison | <input type="checkbox"/> Crestwood |
| <input type="checkbox"/> Southview | <input type="checkbox"/> Dr. Roy Wilson | <input type="checkbox"/> Ross Glen | |

Fee Options

- | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Full - time | <input type="checkbox"/> AM Level 1 | <input type="checkbox"/> AM Level 2 | <input type="checkbox"/> AM Level 3 |
| <input type="checkbox"/> PM Level 1 | <input type="checkbox"/> PM Level 2 | <input type="checkbox"/> PM Level 3 | <input type="checkbox"/> PM Level 4 |

***Only children registered for full time or levels are eligible for a complimentary membership**

***Children attending on an hourly rate basis are NOT eligible for a membership.**

***The option of paying for a Membership will be available when Full Time care is terminated.**

***Complimentary memberships are only valid during the school year.**

***Parents/Families are not required to have a membership for their child to access YMCA health, fitness and aquatics programs (e.g., swimming, registered programs, drop-in programs)..**

Parent/Guardian Signature: _____

Date: _____

Site Director Signature: _____



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DROP- IN CARE

The YMCA Before & After School Care Program encourages families to provide a schedule of required childcare. If you are not able to provide a schedule, please be aware of the following:

- The YMCA Before & After School Care Program does not guarantee drop in spots unless a schedule is provided **two weeks in advance**.
- Families that give less than two weeks' notice will have access to the program on a first-come, first-served basis **ONLY IF SPACE IS AVAILABLE**.
- For AM drop-in care, Parents need to notify Site Directors by 4:00pm the day prior. Site Directors will look at their schedule and determine if there is space available.
- For PM drop-in care, parents need to notify Site Directors by 10:00am the day of. Site Directors will look at their schedule and determine if there is space available.

I, _____, realize that by not providing a schedule two weeks in advance, the YMCA of Medicine Hat Before & After School Care Program does not guarantee my child a space at the program.

Parent Signature: _____

Date: _____



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FEE OPTIONS

Child(ren) Name(s):	Parent name:
Date:	School

Please put a check mark beside the option you would like. If you have any questions or are not sure which option is best for you, please discuss it with your Site Director. Contact information for each site can be found [here](#).

AM	Start	End	Monthly Rate
AM – Level 1	Program Start Time	7:29 AM	\$145
AM – Level 2	7:30 AM	7:59 AM	\$100
AM – Level 3	8:00 AM	Bell time	\$50

PM	Start	End	Monthly Rate
PM – Level 1	Bell Time	3:29 PM	\$50
PM – Level 2	3:30 PM	4:29 PM	\$125
PM – Level 3	4:30 PM	5:29 PM	\$225
PM – Level 4	5:30 PM	6:00 PM	\$265

Full-Time	AM & PM Full Access	\$310
Hourly (if space available)	Minimum \$10 charge (30-minute intervals after 1 hour)	\$10 per hour
\$25.00 Registration Fee per Family due at registration		

*Professional Development (PD) days will be billed at \$50 full day (7am-6pm) or \$30 half day (7am-1pm OR 12pm-6pm) in addition to the option(s) you choose. Please register for PD Day care with your Site Director.



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GOVERNMENT OF ALBERTA CHILD CARE SUBSIDY

Are you applying for Subsidy? **YES** **NO**

If yes, please see below for more information:

If you are receiving subsidy, the YMCA of Medicine Hat’s Before & After School Care Program requires a copy of the letter from subsidy confirming the number of hours and amount that subsidy will be covering for your child(ren) while they are in program.

You are required to provide Pre-Authorized Payment Information even if your approved subsidy amount will cover all of your YMCA Child Care Fees.

It is the responsibility of families to have their subsidy in place prior to registration. It is also the responsibility of families to renew, communicate and/or provide updates to Government Subsidy, as required.

You are responsible for any difference between the subsidy amount and the fee charged by the child-care program. I hereby authorize the YMCA of Medicine Hat to debit my account for any outstanding balances.

Your first and last month of child-care subsidy is based on the actual number of hours of child-care used.

The YMCA of Medicine Hat Before & After School Care Program is NOT responsible for the applicant’s application, status of subsidy, the renewing of subsidy or change of information to a subsidy applicant (program change).

Parent/Guardian Signature: _____

Date: _____

Child Care Contact Information -- *All subsidy inquiries are through the Alberta Supports Contact Centre*

Child Care Subsidy
P.O. Box 1641
Edmonton, AB
T5J 2N9

Phone 1-877-644-9992
Fax 1-780-422-5692

Email: hs.childcaresubsidy@gov.ab.ca

Website: www.albertasupports.ca



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PRE-AUTHORIZED PAYMENT FORM

School Name: _____ Start Date: _____

Phone Number on Account: _____

Child's Name: _____ Monthly Fee Option: _____

Payment Information

EFT (automatic bank withdrawal): void cheque must be attached to form

If paying with Visa or Mastercard please complete Credit Card Authorization Form with information required.

Visa

Mastercard

Cheque

EFT Payment

Account Authorization:

I hereby authorize the YMCA of Medicine Hat to debit my account for the monthly registration fees. Any delivery of this authorization to you constitutes delivery by me

Returned Payments:

Returned payments will be subject to a \$35.00 Administration service charge. Families are required to clear balances on account within 5 business days of notification or child-care will be suspended. Failure to clear any outstanding balances on accounts prior to the beginning of the next month will result in the termination of child-care. Consistent default on payment of fees will result in termination of care.

Termination/Cancellation:

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.

Parent Signature

Date



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CREDIT CARD AUTHORIZATION

First Name:	Last Name:
Address:	
City:	Postal Code:
Type of Credit Card:	Name on Credit Card:
Credit Card Number:	
Credit Card Expiry (month/year):	CSV # on back of card:

I, the undersigned hereby authorize(s) YMCA of Medicine Hat to process credit card payments for the YMCA _____(school) Before and After School Care Program for an amount based on the fee option I have chosen for my child(ren). This payment will be taken on a monthly basis.

I also understand that:

1. If my payment date falls on a weekend or a holiday the payment will be processed on the last business day prior to my payment date.
2. Should my credit card expiry date or credit card number change during the course of my child(ren) attending the Before and After School Care Program, I will notify the YMCA of these changes at least 5 business days prior to the expiry date.
3. Should a payment be declined by your credit card company for any reason, you will be responsible for that payment.

I have read, understand, and agree the above terms and costs.

Signature

Date