



YMCA of Central East Ontario
Child Care Registration Form

*** \$35.00 registration fee is required for all new registrations**

Preferred Start Date			Date Received	Date Revised
Child's Name Last			Email Address	
Child's Name First	Initials	Nickname(s)	DOB YYYYMMDD	
Address		Postal Code	Age	
Program <input checked="" type="checkbox"/>	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Pre-School	<input type="checkbox"/> Kids Club
Component <input checked="" type="checkbox"/>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Full Day	
Days Required <input checked="" type="checkbox"/>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	Branch or School Attending			
** A Minimum of 2 non-variable days per week is required to hold your space **				
Mother's / Guardian's Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
Father's / Guardian's Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
Emergency Contact Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
Authorized persons who may pick up child 1.	2	3		
4	5	6		

Medical Information

Previous communicable diseases, illnesses or injuries
Community Services Providing Support.
Medical conditions or known allergies
Record of immunization required for full day care spaces
Special Medications / Diets

Permission Form

I, the undersigned, being parent or guardian of _____ do hereby consent to the participation of my child in the activities related to the program, at the school and while on field trips, provided such activities are supervised by a member of your staff.

Medical Release

If, at any time, due to circumstances such as accidents, sudden illness or emergency, medical treatment is required, this may be given including anesthetic necessary, by a private physician or hospital. I also consent to emergency transportation if necessary.

Witness

Signature of Parent / Guardian

Development, habits, fears

Admission Date

Discharge Date

Licensed Child Care Parent Handbook

<https://ymcaofceo.ca/wp-content/uploads/2019/03/Child-Care-Parent-Info-Guide-2019.pdf>

TO BE COMPLETED AT TIME OF REGISTRATION & WHEN IMMUNIZATIONS UPDATED

Child Care operators are required by the *Child Care and Early Years Act, 2014, Reg 137/15, s.35* to ensure that all infants and children attending a child care centre are fully immunized as recommended by the local Medical Officer of Health, or have documentation in writing of the parent/guardian’s reason why the child is not immunized. [Please note that once your child attends school, additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize. Please contact Hastings Prince Edward Public Health (HPEPH) to discuss your options.]

Complete the following section and attach a copy of your child’s immunization record (ensure child’s name and date of birth are on the record). A copy of this information will be given to and kept on file by HPEPH. Public Health staff will review immunization information on each child enrolled in a Child Care program. If your child’s immunizations are not complete you will be contacted by either your Child Care Centre or HPEPH.

Immunization records and updates are *NOT* automatically provided to public health by your doctor. There are three options available to update HPEPH with your child’s immunization records:

- Phone: 613-966-5500 ext. 221
- Fax: 613-966-8145
- Email: CDCEMM@hpechu.on.ca

Child’s Information (Please Print)

Date: _____

 Indicate: New Registration Updated Information

 year / month / day

Last Name:		
First Name:	Middle Name:	
Date of Birth:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
year	month	day
Ontario Health Card Number:		
Phone (Cell):	(Home):	(Other):
Postal Mail Address:		
City:	Postal Code:	
Name of Child Care Centre:		
<input type="checkbox"/> Mother:	Last Name	First Name
<input type="checkbox"/> Father:	Last Name	First Name
<input type="checkbox"/> Guardian:	Last Name	First Name →Relationship

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY 711, or or email accessibility@hpeph.on.ca. For more information, visit www.hpepublichealth.ca.

This information is collected under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4* and the *Child Care and Early Years Act, 2014 Reg 137/15, s.35*. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Privacy Officer, Hastings Prince Edward Public Health, 179 North Park St., Belleville, ON K8P 4P1, 613-966-5500 or 1-800-267-2803.

Child Care Registration Information for Parents & Guardians

The *Child Care and Early Years Act* requires all children entering daycare to be immunized according to the publicly funded immunization schedule for Ontario (tetanus, diphtheria, polio, pertussis, Hib, pneumococcal, measles, mumps, rubella, meningococcal and varicella).

When you register your child with the child care provider you will be asked to complete the “Child Care Centre Immunization History” form and provide a copy of your child’s immunization record. A copy of this information will be kept on file at the child care centre and the other will be sent to Hastings Prince Edward Public Health (HPEPH).

If you wish your child to be exempt from immunization, please contact HPEPH, who will provide you with the required form for you to complete. The original form will be kept on file at HPEPH, and a copy will be provided to the child care centre.

The following chart shows the required routine immunization schedule for children in Ontario up to 6 years of age. **There are additional immunizations required after 6 years of age.** Please review the chart to ensure your child is up-to-date.

	2 Month	4 Month	6 Month	12 Month	15 Month	18 Month	4-6 years
Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b Pediacel / Pentacel	✓	✓	✓			✓	
Pneumococcal conjugate Prenar 13	✓	✓		✓			
Rotavirus Rotarix	✓	✓					
Meningococcal C conjugate Menjugate / NeisVac-C / Meningitec				✓			
Measles, Mumps, Rubella (MMR) MMR II, Priorix				✓			
Varicella Varivax III , Varilrix					✓		
Measles, mumps, rubella, varicella (MMRV) Priorix-Tetra / Pro Quad							✓
Tetanus, diphtheria, pertussis, polio Adacel-Polio / Boostrix-Polio							✓

Updating Immunization Records

When your child receives an immunization, please inform your child care centre. This will help to ensure that public health and your child care centre records are up-to-date.

If you do not have your child’s immunization records, contact your health care provider or the location where your child received immunizations. If your child’s immunization records are not complete or the record is not available, call our Immunization Team at 613-966-5500 x221.

Public Health is committed to providing accessible programs and services to all. To request this or any other publication in an alternative format, please contact us by phone at 613-966-5500 or by email at accessibility@hpeph.ca



YMCA of Central East Ontario
Child Care Payment Form

Child's Name Last	First	Start Date (Office Use Only)	
Address		Postal Code	DOB YYYYMMDD
Program <input checked="" type="checkbox"/>	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> Kids Club	Branch or School Attending	
Component <input checked="" type="checkbox"/>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full Day		
Days Required <input checked="" type="checkbox"/>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Payor's Name	Email	Contact Number	
		DOB YYYYMMDD	
Payor's Address		Tax Receipts will be issued to this Payor	

Please note that the \$35 registration fee will be charged on the first invoice.

Please note we require 2 weeks notice for any permanent schedule changes or withdrawal from program.

Please note we can not accept any registration forms without a completed payment form attached to the registration form and signed by the person responsible for payments.

Please note: A service charge of \$20.00 will be charged for each returned payment.

When choosing **Option 1 ONLY** payments may be processed either the 1st or 15th of each month or both.

Option #1 Pre-authorized chequing - withdrawn on the 1st and/or 15th of each month. (circle one or both)

Please attach a Void Cheque Signature: _____

Option #2 Pre-authorized credit card - payments processed on the 15th of each month.

Credit Card #: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

YMCA Strong Kids

The YMCA is a charity that serves individuals and families from various economic and social backgrounds. The YMCA provides financial assistance to those in our community who are less fortunate and gives them an opportunity to develop and grow. To assist the YMCA in delivering our mission you may make a donation by adding an amount to your weekly child care fee. A year-end charitable tax receipt will be issued for the amount donated.

Yes, I choose to make a donation of _____ weekly /monthly to the YMCA to assist in building a stronger community.

Signature: _____ Date: _____