

# YMCA After School Program Registration Form

Complete Form And Email to:  
robert.labreche@ceo.ymca.ca

Site  Balsillie Family Branch  Kawartha Montessori  Prince of Wales

Name \_\_\_\_\_ Home # \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Custody  Mother  Mother  Father  Father  Both  Guardian

## Parent/Guardian One

Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

## Parent/Guardian Two

Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

## Alternative Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

## Who is authorized to pick up the child?

(only the names listed will be eligible for pick up)

\_\_\_\_\_ *\*Photo ID will be required*

\_\_\_\_\_

\_\_\_\_\_

Please comment or list any medication (if medication is required, a consent to administer medication form needs to be completed and staff need to be informed)

\_\_\_\_\_

\_\_\_\_\_

Please indicate if the child experiences or has experienced any of the following:

Condition	Yes	No	Details
Seizures			
ADHD			
Asthma			
Diabetes			
Allergies			
Autism			
Physical Limitations			
Dietary Restrictions/Food Allergies			
Other Conditions			

Authorizations: In the unlikely event that the participant named above is injured or becomes seriously ill while at the YMCA, and I cannot be reached, I authorize YMCA senior staff to seek and authorize any and all hospitalizations, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability for injury to the above named participants or for loss or damage to personal property.  Yes  No

I grant release to the YMCA the right to use photographs/video in which I and/or my child appears for the use of publicity brochures, newsletter, annual reports or any other material promotion by the YMCA (which may include website, Twitter, Facebook).  Yes  No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# YMCA Balsillie Family Branch After School Program Registration Form

Complete Form And Bring to the YMCA to Register

## Behaviour Policy

It is our goal to provide a healthy, safe and secure environment for all participants. YMCA staff use a values based approach to guide appropriate behaviour and seek to reward and reinforce positive behaviour. Participants are expected to follow our behaviour guidelines and to interact appropriately with their fellow participants and YMCA staff.

## Behaviour Guidelines

- \*All participants are responsible for their actions
- \*All participants will respect each other and the environment
- \*All participants will care for themselves & those around them
- \*All participants will be honest and true to their word
- \*All participants will make healthy and safe choices

The YMCA of Central East Ontario strives to provide a fun and inclusive experience for all of our participants. **At the time of registration please make us aware of any special requirements for mobility, behavior, or other resources your child may need to participate. The more informed we are, the better service we can provide.** If your child requires special assistance at school, they will be best cared for and set up for success with 1:1 support at YMCA After School programs (the YMCA is not able to provide 1:1 support).

Child's Name: \_\_\_\_\_

I need extra support and/or encouragement with:

- |  |   |
|--|---|
| <input type="checkbox"/> communication                               | <input type="checkbox"/> sitting still                          |
| <input type="checkbox"/> trying new things                           | <input type="checkbox"/> listening                              |
| <input type="checkbox"/> feeling comfortable in new places           | <input type="checkbox"/> getting to know peers                  |
| <input type="checkbox"/> transitions between locations or activities | <input type="checkbox"/> staying within the activity boundaries |
| <input type="checkbox"/> loud noises or places                       | <input type="checkbox"/> toileting                              |
| <input type="checkbox"/> small spaces                                | <input type="checkbox"/> none of these apply                    |

If yes to any of the above, please identify strategies we can use : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community services providing support: \_\_\_\_\_

\_\_\_\_\_

Will the child be attending with a support worker:  yes  no

To the best of my knowledge the above information is accurate and true. \_\_\_\_\_  
initial

I have read, understood and agree to the above noted behaviour policy/expectations.

Date \_\_\_\_\_ Signature \_\_\_\_\_