



YMCA of Central East Ontario
Child Care Registration Form

*** \$26.25 registration fee is required for all new registrations**

Preferred Start Date			Date Received	Date Revised
Child's Name Last			Email Address	
Child's Name Last	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
** A Minimum of 2 non-variable days per week is required to hold your space **				
Parent 1 / Guardian's Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
Parent 2/ Guardian's Name and Address			Work Number	
Place of Employment and Address			Home Telephone Number	
Emergency Contact Name and Address			Cell Number	
Place of Employment and Address			Work 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/2022/09/Child-Care-Parent-Info-Guide-Sept-2022.pdf>

Peterborough/Lakefield Child Care Fees 2022

Infant Full Day \$47.06	Kids Club: St. Pauls Lakefield - After School Only After School JK/SK up to age 6: \$12.00 After School age 6-12: \$16.00	PA Days - 8am-5pm Lakefield Only JK/SK up to age 6: \$32.65 Ages 6-12: \$43.50
Toddler Full Day \$36.56	Kids Club: Lakefield & Highland Heights Before School Only (all ages): \$10.00 After School Only JK/SK up to age 6: \$12.00 After School Only age 6-12: \$16.00	Summer Program for JK/SK Lakefield Only JK/SK up to age 6: \$32.65
Preschool Full Day \$35.06	Before & After School JK/SK up to age 6: \$19.50 Before & After School ages 6-12: \$26.00	

Please note the YMCA observes the following statutory holidays for which fees are payable; New Years Day, Family Day, Good Friday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day and Boxing Day.

Disruption in services that are beyond our control (i.e. break in service, snow day, strike etc.) will not be refunded and regular fee charges will occur. If a disruption in service lasts for more than a week, a reassessment of billing schedules will occur in consideration of the potential of financial hardship in cases that run for extended periods.

Fees are subject to change with two weeks notice

**Request for Immunization Information
For Children in Schools or Child Care Centres
(CONFIDENTIAL when Completed)**



Immunization is the best way to protect your child from vaccine preventable diseases. **Please complete this form and ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD.** Please ensure that the name and birthdate of the child is also included on the immunization record. This information can be returned by:

- ✓ Fax: 705-743-2897
- ✓ Mail: Peterborough Public Health, 185 King Street, Peterborough, Ontario K9J2R8
- ✓ Phone: 705-743-1000, ext. 139
- ✓ Or immunization information can be entered on line at www.peterboroughpublichealth.ca and search 'update immunization record'

Under the Immunization of School Pupils Act and the Child Care and Early Years Act, Public Health ensures that all children in the Peterborough County and City have adequate immunization against tetanus, diphtheria, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chicken pox). A valid exemption is needed for those who choose not to immunize. (NOTE: For children in Child Care Centres, you may have to provide an additional copy of your immunization information directly to the Centre.)

It is up to the parent/guardian to provide proof of the child's immunization to Public Health, as the Acts do not give permission to healthcare providers to release this information. If you have any questions, please call a Vaccine Preventable Disease Program Nurse at 705-743-1000, ext. 131.

Child's Last Name:		Child's First Name:	
Other First Names Used:		Other Last Names Used:	
Birthdate (YYYY/MM/DD):			Gender:
Name of School or Child Care Centre:			
Ontario Health Card Number:			
Address:			
City:		Postal Code:	
Contact - Phone Number(s)			
Contact - Email			
Name and phone number of healthcare provider who could provide clarification of immunization information if needed			
Parent/Guardian Full Name			
Parent/Guardian Signature			
Date (YYYY/MM/DD):			
Please check one of the following below:			
<input type="checkbox"/> Vaccination record is attached			
<input type="checkbox"/> I will call my healthcare provider obtain this information and send it to Peterborough Public Health			
<input type="checkbox"/> No vaccine record attached to this form ⇒ Reason:			

This information is collected and used by Public Health programs under the authority of Sections 2 and 5 of the Health Protection and Promotion Act and Ontario Reg. 585/94 under the Health Cards and Numbers Control Act 1991, and Section 11 under the Immunization of School Pupils Act, R.S.O. 1990 and the Child Care and Early Years Act, S.O. 2014. For further details regarding the collection, contact Peterborough Public Health at 705-743-1000.



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	
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		
Payor's Address				DOB YYYYMMDD		
				<i>Tax Receipts will be issued to this Payor</i>		
Has the \$26.25 registration fee been collected? Yes <input type="checkbox"/> To be charged on the first invoice <input type="checkbox"/>						

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: _____