



YMCA of Central East Ontario
Child Care Registration Form

Preferred Start Date		Date Received		Date Revised
Child's Name Last		First	Initials	Nickname(s)
Address		Postal Code		Age
Program <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> Kids Club Component <input checked="" type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full Day Days Required <input checked="" 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 **				
Parent 1/ Guardian's Name and Address		Home Telephone Number		
Place of Employment and Address		Cell Number		
Parent 2/ 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/2019/12/Child-Care-Parent-Info-Guide-2019-December.pdf>

I agree to the release of information to school personnel, as it pertains to the well-being and development of my school aged child.



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 \$35 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: _____