


FOR OFFICE USE ONLY Today's Date _____ First Day Attending _____ Hand Book Given _____ All Sections Complete _____ Staff Signature _____		 16 Mary Street West St Thomas Ontario N5P 2S3 Phone: 519-631-9800 1-800-461-0954 Fax: 519-631-6411 School Age Childcare Registration Form			FOR OFFICE USE ONLY Date: _____ Supervisor Signature: _____ Withdrawal Date: _____ Payment Completed: _____ _____OW _____ Pre Authorized		
Child's Last Name		Child's First Name		Gender M F	Date of Birth	Grade	School Attending:
Name of Siblings and Ages:					Program Option (Circle all that apply). Before After Part Time _____		
Parent 1/Primary Contact:		Home Phone #		Cell #		Work Phone #	
Complete Mailing Address:				Work or School Address:			
Parent 2/Secondary Contact:		Home Phone #		Cell #		Work Phone #	
Complete Mailing Address:				Work or School Address:			
Parent's Email Address:							
Legal Custody: ___ N/A ___ Joint ___ Parent 1 ___ Parent 2 If applicable, has a copy of the custody agreement been provided? Yes No N/A							
Emergency Contact: (Other than Parent/Guardian)			Emergency Phone #		Relationship to Child:		
Emergency Contact: (Other than Parent/Guardian)			Emergency Phone #		Relationship to Child:		
Doctor's Name:		DR'S Mailing Address:				DR'S Phone #	
Does the participant need any accommodations for any of the following? N/A (Please check all that apply): ___ Anaphylaxis ___ Dietary Restrictions ___ Allergies ___ Medical Conditions ___ Behavioural Conditions ___ Other				If accommodations are required, please explain:			
If accommodations are required, has the supplementary form been completed? Yes No N/A Has an anaphylaxis individual plan been completed? Yes No N/A							
Health Card Number (Optional)					Are all school medical requirements and immunizations met? YES NO		
<p>Medical Attention/Liability: I hereby give permission for my child/ren to be treated by a physician or hospital staff member should there be an accident, sudden illness or emergency. I understand that I am responsible for any expense for medical care or transportation on my child's behalf. I hereby give permission for my child/ren to attend scheduled outings, by school bus or city bus with the understanding the YWCA accepts no legal liability for any unforeseen accident or injury which may occur during the course of the specified event. I understand that adequate supervision will be provided by staff of the YWCA, and while every care will be taken, the YWCA will not be held liable for any accident or injury that may occur during program hours.</p> <p>Photo Waiver: I hereby give the YWCA of St Thomas Elgin permission to use any or all photos taken of myself or my child for promotional purposes of the YWCA. I also release and waive any and all entitlement that I and/or my child(ren) may have to receive any form of remuneration of my/their photographs taken.</p> <p>Withdrawal Policy: All cancellations or reductions in childcare services require a minimum of two weeks written notice. Parents/guardians are required to pay the fees for these two weeks, and may continue to use the childcare services during this two week period. A \$10 administrative fee will be applied to every change made to your child/ren's registration throughout the school year.</p> <p>Parent Handbook: I have received a copy of the Parent Handbook of Policies and Procedures and agree to read and abide by all policies.</p>							
Parent's Signature:			Date:		How did you hear about us?		