



**YMCA of Central East Ontario  
Belleville Branch  
Child Care Registration**

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

Preferred Start Date		Date Received		Date Revised
Child's Name Last		First	Initials	Email Address
Address		Postal Code		DOB YYYYMMDD
Program <input checked="" type="checkbox"/> <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> Kids Club		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				
<b>** A Minimum of 2 days per week is required to hold your space**</b>				
Mother's / Guardian's Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
			Work Number	
Father's / Guardian's Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
			Work Number	
Emergency Contact Name and Address			Home Telephone Number	
Place of Employment and Address			Cell Number	
			Work Number	
Authorized persons who may pick up child				

**Medical Information**

Doctor's Name	Doctor's Phone Number
Doctor's Address	
Previous communicable diseases, illnesses or injuries	
Medical conditions or known allergies	
Record of immunization (green form from Health Unit)	
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

## Kids Club

School attending

Phone Number

Mode of Transportation (Please Check One)

Walking

Bus

Drive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

Date of Admission

Date of Discharge

## 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 to the YMCA.

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

\_\_\_\_\_  
Child Care Fee

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Donation Per Week / Month

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Childcare Payment Options

Please choose one of the following payment options and return this form with your registration form for Preschool, Toddler Program or one of the YMCA Kids Club.

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

Please note that we can not accept any registration forms without a completed payment option 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.**

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. Please indicate which date you prefer by circling one or both.

Please attach a Void Cheque

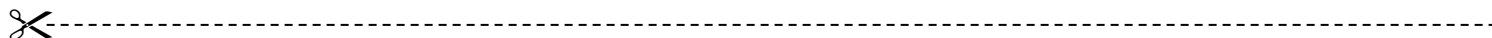
Signature: \_\_\_\_\_

Option #2 :Pre-authorized Credit Card - payments processed on the 1st and/or 15th of each month. Please indicate which payment date you prefer by circling one or both.

Credit Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Childcare Fees

**Effective January 1, 2015**

### **Preschool**

Full day daily \$42.50

### **Toddler**

Full day daily \$46.50

### **Kids Club**

Before School only \$10.50  
After School only \$12.15

### **Execptions**

YMCA Kids Club - Bayside Site  
YMCA Kids Club - St. Peter's Site

\$13.15  
\$13.15

Licensed Day Camp

\$140.00/week

**\*\*\*Fees are subject to change with two week's notice\*\*\***



**FORM TO BE COMPLETED AT THE TIME OF REGISTRATION**

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization on each child enrolled in a program or the parent/guardian's reason in writing as to 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 the health unit to discuss your options.

**Please complete the following section and attach a photocopy of your child's immunization record (ensure child's name and date of birth are recorded on the record).** A copy of this information will be given to and kept on file by the Hastings & Prince Edward Counties Health Unit. Health Unit staff will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's immunization record is not complete you will be notified by the Health Unit.

**Immunization records are NOT automatically provided by your doctor. Please call the Health Unit or complete the secure electronic form on our website at [www.yourhealthunit.ca](http://www.yourhealthunit.ca) when your child receives an immunization, so that their immunization record can be updated in our database.**

**Student Information (Please Print)**

Date: \_\_\_\_\_  
yyyy / mm / dd

Child's Surname:	
Given Name:	
Date of Birth:      yyyy / mm / dd	<input type="checkbox"/> M <input type="checkbox"/> F
Ontario Health Card Number:	
Parent / Guardian:	
Mailing Address:	
City:	Postal Code:
Phone (H):	Phone (W):
Current Preschool/Daycare:	
Previous Preschool/Daycare:	
name	city/town

**Please attach a photocopy of your child's Immunization Record**

Publicly Funded Routine Immunization Schedule for Ontario / Calendrier de vaccination systématique publique en Ontario											
	Diphtheria Diphtérie	Tetanus Tétanos	Pertussis Coqueluche	Polio Poliovirus	Polio Poliovirus	HiB	Pneumo conjugué Antipneumococonjugué	MM Morbilli	MM Morbilli	MM Morbilli	Hépatite B <sup>3</sup>
2 mo.	✓	✓	✓	✓	✓	✓	✓				
4 mo.	✓	✓	✓	✓	✓	✓	✓				
6 mo.	✓	✓	✓	✓	✓	✓	✓				
12 mo. <sup>1</sup>								✓	✓		
15 mo.										✓	
18 mo.	✓	✓	✓	✓	✓	✓	✓				
4-6 yr/ans	✓	✓	✓	✓	✓	✓	✓				
12 yr/ans											✓
14-16 yr/ans <sup>2</sup>	✓	✓	✓								
Every 10 yrs thereafter/ Tous les 10 ans par la suite	✓	✓									

1. Must be after 1<sup>st</sup> birthday / Après la 1<sup>re</sup> anniversaire impérativement.  
 2. dTap recommended / DcT1 recommandé.  
 3. Hepatitis B immunization is based on two-dose schedule for Grade 7 Students (administered in schools). La vaccination contre l'hépatite B est basée sur une posologie de deux doses pour les élèves de 7<sup>me</sup> année (administrée dans les écoles).

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 *Day Nurseries Act R.R.O. 1990 Reg. 262, s.33*. 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 FOI Coordinator, Hastings & Prince Edward Counties Health Unit, 179 North Park St., Belleville, ON K8P 4P1, 613.966.5513 or 800.267.2803.