



YMCA Before and After School Care Program Registration

Please complete 1 form per child

Returning New

School: _____ Grade (as at September 2017): _____

Child's Name: _____ M F Birth Date: _____ Age: _____

Address: _____ Postal Code: _____

Authorized Pick-up List:

(Please note, your child will not be released to any other person not on this list)

Guardian #1: _____ Guardian #2: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Two other persons to contact in case of emergency:

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Additional Authorized Pick-Up:

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

Are there any custody concerns or arrangements that we should be aware of? Yes No

If yes, please include court order with registration form.

CHILD'S MEDICAL INFORMATION

Health Card Number: _____

*If more space is needed please attach an additional sheet.

Please list all known allergies:

Drug: _____ Food: _____ Other: _____

List all known medical conditions, physical, cognitive, behavioural, or emotional special needs that we should be aware of, including medications and treatment needed during Before and After School Care hours:

Physician's Name: _____ Phone: _____ Location: _____

Medical Release

In case of emergency involving the child on this registration form, I authorize the YMCA of Saskatoon to use the information in the medical section for emergency medical treatment under the following conditions:

1. An emergency or unanticipated condition requiring actions for the preservation of the life or health of my child, and
2. Reasonable attempts to contact the parent/guardian/emergency contacts have failed.

Parent Signature: _____ **Date Registered:** _____