



# YMCA Before and After School Care Program Registration

Please complete 1 form per child

School: \_\_\_\_\_ Grade (as at September 2018): \_\_\_\_\_  
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: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**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**

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

Health Card Number: \_\_\_\_\_

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:** \_\_\_\_\_