



YMCA Before and After School Care Program Registration

Please complete 1 form per child

School: _____ Grade (as at September 2019): _____
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.



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Pre-Authorized Payment Agreement

Parent Signature: _____ Date Registered: _____

School: _____

Account Holder's Information:

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Account Holder's Birth Date: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

I consent to receive emails from the YMCA regarding program and administrative information and other relevant correspondence.

I authorize the YMCA of Saskatoon to send my annual tax receipt via email.

Please list children attending the program:

Plan: _____
Plan: _____
Plan: _____

Monthly Plan – 2019/2020 Monthly Fee:

- | | | | |
|--|------------------|---|------------------|
| <input type="checkbox"/> Full Time (50% or more of program usage) | \$ 247.00 | <input type="checkbox"/> Additional Family Member(s) | \$ 212.00 |
| <input type="checkbox"/> Part Time (49% or less of program usage) | \$ 181.00 | <input type="checkbox"/> Additional Family Member(s) | \$ 161.00 |
| <input type="checkbox"/> Kindergarten | \$ 112.00 | <input type="checkbox"/> Additional Family Member (s) | \$ 97.00 |
| <input type="checkbox"/> Pre-K (Only mornings. On condition that older sibling is registered in the program) | \$ 46.00 | | |

Please select your payment date: 5th of the month 20th of the month.

Drop-In (20th of the month only) **\$6.90** (morning)/ **\$13.70** (afternoon)

Start date: _____

Financial Information:

After you receive a confirmation of enrolment email, please call us at 306--652--7515 ext 251 with your banking or credit card information. You may also stop in at 25--22nd Street East to provide the information. For your protection, we will not accept financial information via email or fax. For pre--authorized debits from your bank account, we will require your 3--digit Institution Number, your 5--digit Branch Number, and your Account Number. All of these can be found at the bottom of your personal cheques. For automatic credit card payments, we will require the Name on the Card, the Card Number, and the Expiry Month and Year.

Terms of Agreement:

I hereby authorize the YMCA of Saskatoon to deduct monthly Before and After School Care Fees from my bank/financial institution or credit card as per my financial information given above, on the 5th or the 20th of each month or the first business day thereafter.

Cancellation Policy: I understand that I must give the YMCA of Saskatoon 15 days written notice before my next payment date if my child/ren will no longer be attending the program.

This contract automatically terminates at the end of the school year, and I understand my last payment will be in June 2020 (July 2020 for drop-in).

Payer Signature: _____

Date: _____



YMCA Before and After School Care Program Registration

Policies Agreement

As the account holder for the following child/ren registered in the program:

Name of Child: _____ School: _____ Monthly Plan: _____

Name of Child: _____ School: _____ Monthly Plan: _____

Name of Child: _____ School: _____ Monthly Plan: _____

I hereby confirm that I have read and agree to the following terms and conditions:

1. I have read the Program Handbook and understand the policies and procedures and will abide by all of these as detailed in the Program Handbook. The most current Program Handbook is available on the YMCA of Saskatoon website, <https://ymcasaskatoon.org/Family-Fitness/Before-and-After-School-Care>
2. I understand that if I change my job, contact numbers, email, physical address, or financial information, I will inform the Program Director immediately and in writing.
3. I understand that if any information on my child’s registration form changes (medical information, authorized pick-up, etc.), I will inform the Program Director immediately and in writing.
4. I understand that no refunds are given for days absent, statutory holidays or PD/staff in-service days.
5. I understand the YMCA of Saskatoon requires 15 days written notice before my next payment date to change or cancel my registration status.
6. I understand I will be charged a Late Pick Up fee of \$15/child when picking up my child/ren after 6:00pm, and extra \$30/child fee will be added after 6:15pm. I also understand that if parents/guardians/emergency contacts cannot be reached by 6:30pm, Social Services will be called for assistance.
7. I understand and commit to signing my child/ren in and out of the care of the YMCA Before and After School Care Program Leaders.
8. I understand that the YMCA of Saskatoon reserves the right to refuse to provide care for any child the Program Director deems unmanageable or is a danger to self and/or others.

Name of Account Holder: _____
(First Name) (Last Name)

Signature of Account Holder: _____ Date: _____



YMCA Before and After School Care Program

Registration

Photo and Video Consent, Assignment and Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be used by the YMCA in connection with the Purposes**, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "Work Product"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs**, its officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of 18 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 18, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand this Form.

Name of Child/children: _____

Name of Parent/legal guardian: _____

Address: _____

Telephone No: _____

Signature of Parent/legal guardian: _____

Signature of Witness: _____

Date: _____