



# YMCA Child & Family Development, Summer Institute Before & After Care 2015

Child's Info

## Name of Program child will attend:

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Allergies \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Medical Information \_\_\_\_\_ ☐ EPI Pen ☐ Puffer  
 Is there any pertinent information that you feel the program staff should be aware of:  
 \_\_\_\_\_

Guardian/Parent Information

## Emergency Contact-THIS SECTION MUST BE COMPLETED

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Address: _____ Apt: _____	Address: _____ Apt: _____
City: _____ Postal: _____	City: _____ Postal: _____
Home Phone #: _____	Home Phone #: _____
Business #: _____	Business #: _____
Cell #: _____	Cell Phone #: _____

## Alternate Emergency Pick Up-THIS SECTION MUST BE COMPLETED

\*This is two people over the age of 16 that YMCA staff can contact when the parent/guardian can't be reached and is authorized to pick up your child.

Name: _____	Name: _____
Home Phone #: _____	Home Phone #: _____
Business #: _____	Business #: _____
Cell #: _____	Cell #: _____

Emergency Information

**Weeks: ① July 6-10, ② July 13-17, ③ July 20-24, ④ July 27-31, ⑤ August 3-7\*\*, ⑥ August 10-14**

**\*\*short week, fees calculated based upon 4 days, all other weeks 5 days**

Registration

Locations	Please select weeks						Component
Weeks	1	2	3	4	5	6	
<input type="checkbox"/> Lake Wilcox, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Crosby Heights, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Discovery, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Lakeside, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Armadale July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Sixteenth Avenue, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Aldergrove, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Unionville Meadows, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Woodbridge, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Oscar Peterson, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Maple Leaf, July 6 <sup>th</sup> to August 14 <sup>th</sup> (PC & ML combined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> Milliken Mills, July 6 <sup>th</sup> to August 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
AM \$30.00per week/PM \$50.00per week/Both \$80.00per week,*Week 5, AM \$20.00per week, PM \$40.00per week, \$60.00both							
<b>**All Registrations must include payment or will not be processed</b>							

## Authorization

In registering, I am permitting my child \_\_\_\_\_ to attend this program, operated by the YMCA of Greater Toronto.

I declare that I have read and will comply with all of the terms and conditions outlined on the attached form and further, I represent and warrant to YMCA that I am registering on behalf of a minor, that I am his/her parent/legal guardian and such am fully authorized and entitled to enter into this agreement on his/her behalf.

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

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

Please refer to page two regarding Payment Information, registrations will not be processed without Payment or payment information

**Please forward all registrations to: YMCA Child and Family Development,  
103-60 Centurian Drive, Markham, Ontario L3R 8T6, Fax 905-943-7612  
For more information please call Sandra Newell @ (905) 943-9622 ext 333, or  
sandra.newell@ymcagta.org**

☐ Cheque attached    ☐ Visa Card    ☐ Master Card    ☐ American Express

**\*\*Cheques made payable to “YMCA of Greater Toronto”.**

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Total Amount to be Charged: \$ \_\_\_\_\_

Are you currently/or will be receiving Regional Subsidy:    Yes ☐    No ☐

Please indicate your CSR Worker: \_\_\_\_\_

Subsidy Per Diem (if applicable): \$ \_\_\_\_\_

I acknowledge and attest to the information provided as accurate, and that charges applied to my account are for the full week's registration, regardless of my child's attendance.

**Parent/Guardian Signature:** \_\_\_\_\_

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

### **Cancellations and Refunds**

Requests for cancellations or refunds must be made in writing and submitted to the YMCA Administration Centre, attention Sandra Newell. Requests for refunds received prior to 28 days will receive a refund minus an administration fee of \$10.00. Refund requests received with less than 28 days notice are subject to an administration fee of 50% of the total fee. Refund requests that are received after 12:00 pm on the Friday before the program session starts will not qualify for a refund. Any refund requests are considered on an individual basis by the YMCA Manager. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather. Refund requests received after August 31<sup>st</sup>, 2015 will not be granted.

### **Code of Conduct**

The safety of each individual in the program is of the utmost importance to the YMCA. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the YMCA staff. I hereby agree that any behaviour of the registrant that places him/herself, or others, at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense (s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the YMCA reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct; Signature: \_\_\_\_\_

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

YES or NO (Circle One)

If yes, you will be contacted for additional information.