



YMCA of Belleville and Quinte Child Care Registration

Date Received	Date Revised
Email Address	

*** A Non Refundable \$20.00 registration fee is required for all new registrations**

Child's Name Last	First	Initials	Nickname(s)	DOB YYYYMMDD
Address		Postal Code		Age
Program <input checked="" type="checkbox"/> <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> First Base	School Attending			
Component <input checked="" type="checkbox"/> <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <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				
** A Minimum of 2 days per week is required to hold your space**				
Mother's / Guardian's Name and Address			Home Telephone Number	
			Cell Number	
Place of Employment and Address			Work Number	
Father's / Guardian's Name and Address			Home Telephone Number	
			Cell Number	
Place of Employment and Address			Work Number	
Emergency Contact Name and Address			Home Telephone Number	
			Cell Number	
Place of Employment and Address			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

First Base

School attending	Phone Number	
Mode of Transportation (Please Check One)		
Walking <input type="checkbox"/>	Bus <input type="checkbox"/>	Drive <input type="checkbox"/>
_____ Date	_____ Parent / Guardian Signature	
Date of Admission	Date of Discharge	

YMCA Stong 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



YMCA

We build strong kids,
strong families, strong communities.

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 Before and After School Programs.

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

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 note: There is a \$20.00 service charge for any payments returned by the bank.**

Please attach a Void Cheque

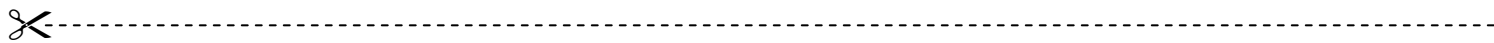
Signature: _____

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, 2009

Preschool

Full day daily	\$34.25
1/2 day without lunch	\$18.00
1/2 day with lunch	\$24.00

Toddler

Full day daily	\$38.00
No 1/2 day program	

School-Age

Before School only	\$7.50
After School only	\$9.00

Execptions

Bayside "Y" First Base After School	\$9.70	PA Days and School Holidays	\$30.00
St.Peter "Y" First Base After School	\$9.70	Licensed Summer Camp	\$125.00/week

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