

To register in the YMCA Before and After School Program fill out the forms below and drop them off at your nearest YMCA location:

**Downtown YMCA** 2400 13<sup>th</sup> Avenue or **Northwest YMCA** 5939 Rochdale Boulevard.

Please note registration is only open to students enrolled in the following schools:

**Public System**

Centennial  
George Lee  
MacNeill  
Massey  
McLurg  
McVeety  
Henry Janzen

**Separate System**

Deshaye Catholic  
St. Bernadette  
St. Dominic Savio  
St. Francis  
St. Josaphat  
St. Marguerite Bourgeoys  
St. Mary  
St. Matthew  
St. Pius X  
St. Theresa  
St. Timothy

\*\*\*If your child has physical, cognitive, behavioural, or emotional special needs please contact the Director of Before and After School Programs prior to submitting an application package. We want to ensure that we are able to meet their needs prior to registration.\*\*\*

**For more information please contact Tara Molson, Director of School Based Programs, by phone at 757-9622 ext 253 or by e-mail at [tmolson@regina.ymca.ca](mailto:tmolson@regina.ymca.ca)**





**YMCA of Regina**

2400 13th Avenue  
Regina, SK S4P 0V9  
Ph: (306) 757-YMCA (9622)  
Fax: (306) 525-5508  
Website: <http://regina.ymca.ca>

# Child's Emergency Information

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

Group Medical Services or

Medical Services Incorporated Number \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## Two other persons to contact in case of emergency:

**1. Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## List all known allergies:

Drug

Food

Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## List all medications, if any, that may need to be taken during Before and After School Program hours:

\_\_\_\_\_  
\_\_\_\_\_

## List all known medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

## List any concerns/limitations in regards to this child's medical treatment:

\_\_\_\_\_  
\_\_\_\_\_



**YMCA of Regina**

## School-Age Social Resume

Child's Name: \_\_\_\_\_

Does your child have a nickname?     Yes     No    If Yes, what is it? \_\_\_\_\_

What foods do you not permit your child to eat? \_\_\_\_\_  
\_\_\_\_\_

Does your child need any help with toileting?     Yes     No    If Yes, identify areas where assistance is required:  
\_\_\_\_\_  
\_\_\_\_\_

Is your child shy?     Yes     No     Sometimes  
With whom? \_\_\_\_\_  
When? \_\_\_\_\_

Does your child make new friends easily?     Yes     No    Please comment: \_\_\_\_\_  
\_\_\_\_\_

What activities does your child like? \_\_\_\_\_  
\_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_  
\_\_\_\_\_

How do you handle discipline in your home? \_\_\_\_\_  
\_\_\_\_\_

Provide any further information relating to your child that would be helpful in understanding and caring for your child.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          Year           Month           Day

\_\_\_\_\_  
Parent/Guardian Signature

## Child's Contract

My name is \_\_\_\_\_ I will try my best to follow the rules listed below so I can have fun and be safe at the before and after school program.

1. I will **respect** other children by using my words and not violence to explain how I feel about how they are treating me.
2. I will be **caring** to other children by helping them when they ask me for help or when they are sad and need a friend. I will also try to help my teacher when they ask me to help them.
3. I will be **responsible**, by looking after my belongings and the before and after school equipment by being gentle while playing with it and putting it away when I am finished.
4. I will try to be **honest** with other children and my teachers
5. I will try to **include** other children whenever possible.
6. **I will try to have FUN!**

## Parents Contract

As the parent or guardian of \_\_\_\_\_ I hereby apply to have my child enrolled in the YMCA before and After School program on the basis of the following conditions.

1. I have read the Parent Manual and understand the policies and will abide by all the policies outlined in the Parent Manual.
2. I understand that if I change my job, telephone number, or address, I will contact the program director immediately.
3. I understand that if an information on my child's registration or medical form changes, I will contact the program director immediately.
4. I understand that no refunds are given for days absent, statutory holidays or staffed inservice days.
5. I understand that the centre reserves the right to refuse to provide care for any child the Program Director deems unmanageable or a danger to others.

Signature of Parent or Guardian: \_\_\_\_\_

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

✓ **PLEASE CHECK OFF THE FOLLOWING**

**Field Trip Permission Form:**

- I give my permission for my child to attend all outings within walking distance. During the school year, parents will be notified of all outings requiring transportation ahead of time.

**Research, Photography, and Videotaping Permission Form:**

- I give my permission for my child to be photographed or videotaped. I will be informed ahead of time of the purpose. For research, I will be notified and asked to sign a detailed form containing all information regarding research.

**Permission for Indirect Supervision**

From time to time children may not be under direct supervision, instances may include:

- Using washroom facilities
- Getting a drink of water
- Going to the gym or another room where other staff and children are

**These are not common practices but they do happen periodically.**

Please note that staff will use reasonable judgment of time. We encourage children to use the public washroom facilities with another child, in groups, or with another child. We encourage older children to act as leaders in the group and assist in these types of situations.

I have read the instances where my child/ren \_\_\_\_\_ may be indirectly supervised for a short period of time, and hereby grant permission for my child/ren to be indirectly supervised in the aforementioned circumstances.

The YMCA Before and After School Program wishes to secure your permission for these instances.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

~~~~~