



**YMCA of Greater Saint John
2018/2019 After School Registration Form**

In order to be registered in the program, the YMCA of Greater Saint John must receive the first five (5) pages of this form completed and accompanied by a \$25.00 registration fee (new clients only) that is non-refundable. Please make cheques payable to the YMCA of Greater Saint John. Please use one form for each child. Once fully completed and submitted with payment, your child's registration and space in the program will be confirmed.

Child's Full Legal Name:		<input type="checkbox"/> Male		Start Date:	
		<input type="checkbox"/> Female			
Mailing Address:		City/Province:	Postal Code:	Grade as of Sept 5/18:	
Medicare #:	Expiry Date:	Date of Birth: Y/M/D		Home Phone #:	
School your child will be attending:				Bus #:	

Please check which location your child will be attending:

<input type="checkbox"/>	Prince Charles Elementary
<input type="checkbox"/>	Early Learning Centre ** (Saint John the Baptist/King Edward)
<input type="checkbox"/>	Forest Glen Community Centre **
<input type="checkbox"/>	St. Mark's Church (West Side) **
<input type="checkbox"/>	Lakewood Heights School
<input type="checkbox"/>	Millidgeville Community Centre **
<input type="checkbox"/>	Regional Y Facility
<input type="checkbox"/>	Rothesay Elementary School
<input type="checkbox"/>	Quispamsis Community Centre (qplex) **

Please check which program they will be attending:

<input type="checkbox"/>	Full-Time (1:30-6:00pm)
<input type="checkbox"/>	Part-Time (2 days/week) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
<input type="checkbox"/>	Part-Time (3 days/week) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
<input type="checkbox"/>	Morning Care <i>only available at sites marked with an **</i>

How did you hear about the YMCA of Greater Saint John After School Program? _____

Does your child require a support worker or assistance at school? Yes No *(If yes please ensure details are indicated on the child profile)*

Please tell us why you chose the Y as your preferred After School Care provider: _____

Parent Information: Do both parents have legal custody? Yes Only Mother Only Father

Guardian 1 Name: _____ Phone (H) _____ (W) _____ (C) _____

Address: _____ Date of Birth: _____
(Street) (City/Town) (Postal Code) Y/M/D

Email Address: _____

Guardian 2 Name: _____ Phone (H) _____ (W) _____ (C) _____

Address: _____ Date of Birth: _____
(Street) (City/Town) (Postal Code) Y/M/D

Email Address: _____

Please check above to indicate who should be contacted first in case of an emergency.



Emergency contact in case parents cannot be reached:

1. Name: _____ Phone (H) _____ (W) _____

Address: _____

(Street)

(City/Town)

(Postal Code)

Relationship _____

Authorized to pick up child? Yes No

2. Name: _____ Phone (H) _____ (W) _____

Address: _____

(Street)

(City/Town)

(Postal Code)

Relationship _____

Authorized to pick up child? Yes No

Please list those people (16 years or older) who have permission to pick up your child from the program.	Is there anyone who does not have permission to pick up your child from the program?			
<table border="0"> <tr> <td style="width: 30%; text-align: center;">Name</td> <td style="width: 70%; text-align: center;">Relationship</td> </tr> </table>	Name	Relationship	<table border="0"> <tr> <td style="width: 100%; text-align: center;">Name</td> </tr> </table>	Name
Name	Relationship			
Name				
1. _____	1. _____			
2. _____	2. _____			
3. _____	3. _____			
4. _____	4. _____			

Please check your form carefully:

**** Please note all information/boxes on this registration form are required and must be filled out to be entered into our system. Any forms with information missing will be returned.**

Check list for Completed After School Application (FOR OFFICE USE ONLY):

- YMCA After School Registration Package completed
- Pages 1 – 5 returned
- New Brunswick Child Profile (4 pages) ** Mandatory for all new clients
- Void cheque or postdated cheques for payments
- Pages 6 – 7 kept or returned to the parent(s)
- Pages 1 – 5 and a copy of page 1 of the Child Profile sent to Association Support Coordinator
- Signed Policy Compliance Page from Parent Manual



Pre-Authorization Payment Authorization Form

**PLEASE ATTACH A VOID CHEQUE OR PAP FORM HERE
(Cheque must have a computerized generated code (MICR) along the bottom)**

Payor's Name: (Last) _____ (First) _____ (Initial) _____

Address: _____
(Street) (City) (Postal Code)

Telephone: _____ Number of children attending: _____

Please list any other children you have registered in Child Care or After School on PAP:

Payment Start Date _____ **Payment Amount** _____

Is there a second person paying on this account? If yes please provide information below:

Payor's Name: (Last) _____ (First) _____ (Initial) _____

Address: _____

Payment Start Date _____ **Payment Amount** _____

Please indicate who the tax receipt is issued to: _____

If your fees are being cost shared with another payor please provide details:

- Daycare Assistance Program (DAP) \$ _____ per day ** Please attach DAP notification
- Family Protection \$ _____ per day
- Other _____ \$ _____ per day

The following is some basic information regarding the Pre-Authorized Payment Plan (PAP).

- I/We hereby authorize my bank or financial institution to debit my/our account bi-weekly for the purpose of paying the YMCA of Greater Saint John for child care services.
- Your treatment of each withdrawal or debit shall be the same as if I/we had personally issued a cheque.
- I/We will ensure that funds are available to cover the amount of the withdrawal.
- I/We understand that this authorization may be cancelled by me/us upon notifying in writing at least two weeks prior to cancellation date.
- I/We have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- A child care fee on PAP is continuous and is automatically renewed each year. You will be informed of any changes.
- All payments are automatically deducted from your bank account bi-weekly. The payment schedule is attached.
- Please advise the Association Registrar of any changes that would affect the processing of your payment, (i.e. name, address change or change of bank, branch or account number) ASAP.
- A \$25.00 fee will be levied on all returned cheques and PAP.

I have read and understand the payment and withdrawal information provided with this package.

Signature: _____ Date: _____

NOTE: Have you attached your void cheque and \$25 new client registration fee?



The following is a legal document. Please read it carefully and acknowledge that **by signing you are giving up the right to sue** the YMCA of Greater Saint John, its officers, agents, employees, Board of Directors, volunteers, participants and all other persons or entities acting on their behalf (hereinafter collectively referred to as 'the YMCA of Greater Saint John').

AUTHORIZATION

In permitting my child _____ (print child's name) to attend Child Care, operated by the YMCA of Greater Saint John, I, the undersigned, permit my child to participate in the full range of child care activities and accept the level of risk inherent. In the event of an accident or illness affecting the above named child, I authorize the Supervisor and his/her appointee to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and well-being of said child. In the event I cannot be reached, I hereby give permission to the physician selected by the Supervisor to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. I give permission to the YMCA of Greater Saint John to transport my child in a YMCA vehicle for medical treatment if necessary or transportation from school provided said driver and vehicle are properly insured. I have read and understand the YMCA Parent Manual and its policies.

Parent or Guardian (print name): _____

Signed: _____ Date: _____

INDEMNITY

In consideration of _____ (print child's name) (hereinafter referred to as 'child') being permitted by the Child Care to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless the YMCA of Greater Saint John from any and all claims, causes of action, actions or demands whatsoever which are in any way connected with such use or participation by child.

Signed: _____ Date: _____

PUBLICATION & PRIVACY ACT

- I understand and agree that pictures which may be taken during After School/Child Care/ Camp programs may be used for local promotional purposes.
- I understand and agree to permit the Y to collect, use and disclose personal data for the following reasons: to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Signed: _____ Date: _____



YES, I want to help Saint John children, teens and families realize their potential!

The YMCA Strong Communities Campaign raises much needed financial support for children, teens and families who are unable to afford the full cost of participation in a YMCA program or activity. We all wonder how our individual gift could ever have an impact. The YMCA Strong Communities Campaign ensures everyone has the opportunity to participate. That might mean providing funds to:

- Help a youth gain the confidence and skills to avoid isolation
- Help a child attend day camp for the first time and meet new friends
- Give a teen a safe place to go
- Enable a struggling family to use a child care facility
- Enable a child to make healthy choices by participating in a recreation or fitness activity

I would like to make a monthly donation of: \$2.00 \$5.00 \$10.00 \$ _____

Payments will be withdrawn the 1st of each month.

I prefer to make a one-time tax-deductible donation by cash/cheque/credit card:

\$25.00 \$50.00 \$100.00 \$ _____

(Tax receipts will be mailed out at year-end)

Thank you!

Building healthy communities



Payment and Withdrawal Information:

- Fees are due and must be paid bi-weekly on Fridays according to the pay schedule.
- If payments of fees are not received by the Tuesday of the following week, child care services will be discontinued until full payment is received. However, you will continue to be responsible for payment.
- Payments are made bi-weekly for the subsequent weeks and will begin Friday, August 25th for the first week only. (September 4th-8th) They will occur bi-weekly after this date.
- Fees increases will align with calendar year. Advance notice will be given for any increases.
- Part-Time registrations are accepted however full-time registrations are given priority. Should this occur part-time registrations will be given the option to move to full-time.
- All payments must be made by pre-authorized payment plan.
- Parents will receive a tax receipt at year end. Replacement tax receipts requested will be charged \$25.00.
- Any payment returned or dishonoured by the financial institution will be subject to an additional \$25.00 fee.
- All accounts must be current to be eligible for further registration/participation in any YMCA of Greater Saint John program.
- A two week written notice is required when a child is to be withdrawn from the After School Program. If no notice is received the parents will be billed for two weeks regardless of attendance. If the child is withdrawn at the request of the YMCA of Greater Saint John, two weeks' notice is given whenever possible.
- The hours of operation for After School are from 1:30 – 6:00 p.m. If you arrive after 6:00 p.m. you will be required to pay a minimum \$20.00 late fee. (Please see parent manual). Payment should be made at the time or it will be added to your next regularly scheduled payment.
- When full day programs are offered an additional fee of \$16 per child in our full-time program will apply. Please see your Supervisor for one hour and part time rates. This fee is to be paid on the day of service by cash or cheque. Payments not received will be added to your next regularly scheduled payment.

Note: For your convenience, all fees are a prorated weekly flat rate and do not change for school holidays. Registration runs from the first day of school until the last day. Payments will be collected every two weeks from the first day of school until the last day regardless of school closures. **This means the full weekly rate is charged for each of the Christmas break weeks, the March break week and any weeks that are less than the 5 days.** If you would like your child to attend a full day program when there is no school there is an additional charge. Registration is required for Christmas and March Break and Summer Day Camps but not for school closures ie: PD or snow days. Summer Day Camps are a different program and a different registration is required for Summer Day Camps.

2018 After School Fees

Prices are subject to change at the start of the new calendar year

Program	2018 Fees Per Week	
After School F/T	\$86	
After School P/T 2 days/week	\$44	
After School P/T 3 days/week	\$65	
1 hour care (K-2)	\$43	
Morning Care	\$25.75	
Transportation	\$12	Fairvale Elementary only
Full Day Program ASP	\$16	Per Day
Full Day Program Non-Client	\$38	



2018/2019 After School Payment Calendar

August						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

PLEASE NOTE: NO PEANUTS, PEANUT PRODUCTS or PEANUT BUTTER SUBSTITUTES ARE PERMITTED