



# P.A. Day and School Break Child Care

## September 2017 - June 2018

### Child Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth (Year/Month/Day) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Parent/Guardian 1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Work Address \_\_\_\_\_

### Parent/Guardian 2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Work Address \_\_\_\_\_

**Custody** ☐ Mother ☐ Father ☐ Both ☐ Guardian

*If there is a custody arrangement we should be aware of, please provide a copy of the court documents*

### Health and Medical Information

#### Emergency Contacts

*Please provide two authorized persons to pick up your child and/or be contacted in the event of an emergency.*

Name \_\_\_\_\_ Name \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Doctor Information

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ City \_\_\_\_\_  
Health Card Number \_\_\_\_\_

Allergies ☐ Yes ☐ No \_\_\_\_\_

EPI Pen ☐ Yes ☐ No \_\_\_\_\_

Has your child: *(please list)*

Been immunized as required by the Education Act? ☐ Yes ☐ No Doctor's Name \_\_\_\_\_

Had recent operations/illnesses/injuries/diseases? \_\_\_\_\_

Been diagnosed with any medical conditions? \_\_\_\_\_

Is your child currently taking medication? \_\_\_\_\_

### Program Support

Has your child been diagnosed with Special or behavioural needs? ☐ Yes ☐ No *(please specify)*

Does your child require one on one support at school? ☐ Yes ☐ No

Please list any additional information we should be aware of:

\_\_\_\_\_

P.A. Days (\$45/day)	
Date	Location*
Sep 25 (Mon)	
Oct 6 (Fri)	
Nov 24 (Fri)	
Feb 2 (Fri)	
Feb 16 (Fri)	
Apr 27 (Fri)	
Jun 1 (Fri)	

Winter Break (\$45/day)		
Date	Location	
Dec 27 (Wed)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite
Dec 28 (Thu)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite
Dec 29 (Fri)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite
Jan 2 (Tue)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite
Jan 3 (Wed)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite
Jan 4 (Thu)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite
Jan 5 (Fri)	<input type="checkbox"/> YMCA	<input type="checkbox"/> St. Marguerite

March Break (\$45/day)	
Date	Location*
Mar 12 (Mon)	
Mar 13 (Tue)	
Mar 14 (Wed)	
Mar 15 (Thu)	
Mar 16 (Fri)	

\*P.A. Day and March Break programs are offered at Palermo, St. Bernadette, Our Lady of Peace, River Oaks, Pine Grove, St. Marguerite, and St. Luke. Programs run from 7:00 am - 6:00 pm.

## How to Register

**Online:** For your convenience register online at [ymcaofOakville.org](http://ymcaofOakville.org) (credit card payments only)

**In person:** Visit the YMCA of Oakville Membership Services desk at 410 Rebecca Street (cash, debit or credit)

**Regionally subsidized participants:** Please complete the registration form and return to the YMCA of Oakville with written verification from the Region of Halton

**Please note: Fax and email registrations are not accepted.**

## Policies

**Registration Dates:** Registration for P.A. Day and School Break programs will close two weeks before each program date, both online and in person.

**Payments:** Full payment is required at the time of registration.

**Cancellation and Refund Policy:** Written requests for cancellation must be received at least two weeks prior to the program date to receive a refund (less the \$15 cancellation fee). Within two weeks of the program date, refunds are not provided.

**NSF Payments/Declined Credit Card:** A \$20.00 service charge will be applied to all NSF pre-authorized debits and declined credit cards.

**Signing this form acknowledges that you have read, understand and agree to all content outlined on this page and the reverse side.**

## Medical Treatment Waiver

If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I give permission for the YMCA of Oakville to contact a physician in case of emergency. I understand that every effort will be made to contact parent/guardian prior to emergency treatment.

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

**OFFICE USE ONLY**

**TRX** \_\_\_\_\_

**MSR** \_\_\_\_\_