



P.A. Day and School Break Child Care

September 2018 - June 2019

Child Information

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

Grade: ☐ JK/SK ☐ Grades 1-3 ☐ Grades 4-6

Parent/Guardian 1

Name _____
Address _____
Primary Phone Number _____
Alternate Phone Number _____
Email Address _____
Work Address _____
Work Postal Code _____ City _____

Parent/Guardian 2

Name _____
Address _____
Primary Phone Number _____
Alternate Phone Number _____
Email Address _____
Work Address _____
Work Postal Code _____ City _____

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 _____ Postal Code _____
Allergies ☐ Yes ☐ No _____
EPI Pen ☐ Yes ☐ No _____
Has your child: *(please list)* _____
Been immunized as required by the Education Act? ☐ Yes ☐ No
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 17 (Mon)	
Oct 5 (Fri)	
Nov 23 (Fri)	
Feb 1 (Fri)	
Feb 15 (Fri)	
Apr 12 (Fri)	
Jun 7 (Fri)	

Winter Break (\$45/day)	
Date	Location
Dec 24 (Mon)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary *Closes at 4:00 pm
Dec 27 (Thu)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary
Dec 28 (Fri)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary
Dec 31 (Mon)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary *Closes at 4:00 pm
Jan 2 (Wed)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary
Jan 3 (Thu)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary
Jan 4 (Fri)	<input type="checkbox"/> YMCA <input type="checkbox"/> St. Marguerite <input type="checkbox"/> St. Mary

March Break (\$45/day)	
Date	Location*
Mar 11 (Mon)	
Mar 12 (Tue)	
Mar 13 (Wed)	
Mar 14 (Thu)	
Mar 15 (Fri)	

*P.A. Day and March Break programs are offered at Palermo, St. Bernadette, Our Lady of Peace, River Oaks, St. Dominic, 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 (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 **one week 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 Release

If at any time, due to circumstances such as accident, sudden illness or if emergency medical treatment is required, including an anaesthetic necessary by private physician or hospital, this treatment may be given. I also consent to emergency transportation if necessary.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

TRX _____

MSR _____