

KinderKids Registration Form

Please select the program you wish to register your child in:

Morning (9:30 am - 12:15 pm)

- Tuesday/Thursday
- Monday/Wednesday/Friday
- Monday to Friday

Afternoon (12:15 pm - 3:00 pm)

- Tuesday/Thursday
- Monday/Wednesday/Friday
- Monday to Friday

Priority will be given to full-week registrations when the program is nearing capacity.

Start date: _____ Teacher: _____

PARTICIPANT INFORMATION

Y Membership #: _____ Want to become a member

First Name: _____ Last Name: _____

Birth date: (yy/mm/dd) _____ Gender: F M

Custody Arrangement: n/a Other, please specify: _____

CONTACT INFORMATION

Please note that all correspondence will take place with the main contact.

Main Contact/Authorized Pick-up

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Relationship to participant: Parent Guardian Other: _____

Secondary Contact/Authorized Pick-up

First Name: _____ Last Name: _____

Phone: (H) _____ (W) _____ (C) _____

Relationship to participant: Parent Guardian Other: _____

MEDICAL INFORMATION

Health Card #(optional): _____

Doctor's Name: _____ Phone: _____

(If your child uses an EpiPen, please complete an additional consent form)

Dietary Needs/Allergies: _____

Special Needs (medical conditions, disabilities, etc): _____

Is your child taking medication? Please list: _____

Is there anything we should know about your child? Fears? Recent illness? Likes or dislikes? _____

Last swim level completed: _____

PAYMENT INFORMATION

KinderKids Program

- 2 days per week (Tuesday/Thursday)
Y member \$132/month, Non-Y member \$160/month
- 3 days per week (Monday/Wednesday/Friday)
Y member \$193/month, Non-Y member \$226/month
- 5 days per week (Monday to Friday)
Y member \$303/month, Non-Y member \$363/month

Extended Care

Please note that additional fees apply.

- Pre-Care Morning (8:15 am - 9:30 am)
- Pre-Care Mid-Morning (11:00 am - 12:15 pm)
- After School Care Program (3:00 pm - 5:30 pm)

Please check one of the following:

- I wish for a Y staff member to drop off my child at Woodroffe Elementary School
- I wish for a Y staff member to pick up my child from Woodroffe Elementary School
- Parent or Guardian will drop off and pick up child from the Carlingwood Y

Total Monthly Fees: \$ _____

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**ACCOUNT
HOLDER
INFORMATION**

First Name: _____ Family Name (Account Holder): _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (Home): _____

**METHOD OF
PAYMENT**

Pre-authorized bank withdrawal (void cheque required)

Name of Financial Institution: _____

Bank # _____ Branch Transit # _____ Account # _____

(Line of credit accounts are not permitted)

Visa Mastercard Amex

Credit Card #: _____

Expiry Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

I would like my pre-authorized payments on the 1st _____ or 15th _____ of the month. I authorize the YMCA-YWCA to debit the above account/credit card for the KinderKids Programs on a monthly basis for the amount of \$ _____.

**HOW DID YOU
HEAR ABOUT
OUR PROGRAM?**

Your local Y Friends School flyer Other: _____

**PARENT/GUARDIAN
AUTHORIZATION**

I, the undersigned, permit participation in a full range of activities and authorize the Program Coordinator or his/her appointee, in the event of accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. Such action is to be taken only when immediate contact with the undersigned cannot be made. I understand pictures/slides/ videos taken at the program may be used for Y promotion, unless the Y is advised otherwise in writing. I have read and understood the refund/transfer/payment policy.

I understand that if any payment is returned by the financial institution for the reason of "non-sufficient funds" (NSF), I am responsible for all NSF charges. Each payment returned NSF will be presented to my account a second time within 7 days after the normal payment date. If the re-presented item is returned NSF a second time, the YMCA-YWCA will charge a \$15.00 fee. I will not be required to give the YMCA-YWCA a replacement cheque for any NSF payments unless notified by the Y. I will notify the YMCA-YWCA promptly in writing if there is any change to the above account information. Any delivery of the authorization to the YMCA-YWCA constitutes delivery by the customer to the bank. It is warranted by the customer that all persons whose signature are required to sign on the above account have signed this authorization.

Signature: _____ Date: _____

FOR OFFICE USE:

Date of first payment: _____ Date of last payment: _____ Monthly payment \$: _____

First day of program: _____ Last day of program: _____