



YPHD REGISTRATION FORM 2017/18

YPHD PROGRAM LOCATION:		START DATE/YEAR:		CARE OPTION: (PLEASE CIRCLE)			
				MORNING	LUNCH	AFTERSCHOOL	
Child's Name				Birth Date	Age Sept. 2016	Gender	Grade
First		Last		M	D	Y	
Street Address					City		
Province	Postal Code	Home Phone	E-mail Address				
Parent/Guardian		Relationship to Child	Home Phone	Business Phone	Cell Phone		
Parent/Guardian		Relationship to Child	Home Phone	Business Phone	Cell Phone		
Legal Custody: (PLEASE CIRCLE) Mother Father Both Guardian			<u>Additional Custody Information:</u> (ex. shared custody, living with main parent, visiting parent)				
EMERGENCY CONTACT/AUTHORIZED PICK-UP		Relationship to Child	Home Phone	Business Phone	Cell Phone		
Name		Relationship to Child	Home Phone	Business Phone	Cell Phone		
Name		Relationship to Child	Home Phone	Business Phone	Cell Phone		
Name		Relationship to Child	Home Phone	Business Phone	Cell Phone		

YPHD 2016/17 FEES

Lunch Only.....	\$6.33
Morning Only.....	\$6.33
Morning & Lunch.....	\$10.43
Afterschool Only.....	\$15.84
Morning & Afterschool.....	\$18.25
Lunch & Afterschool	\$18.25
Morning, Lunch & Afterschool.....	\$20.91

IN-SERVICE/NOON DISMISSAL FEES

In-service/Noon dismissal Care Option.....	\$17.50/month
In-service Drop-In Rate.....	\$30.00/daily
Noon Dismissal Drop-In Rate.....	\$20.00/daily

- Space is limited on in-service days. Spaces will not be saved for individuals choosing the drop-in fee option. Availability is based on a first come, first serve basis.
- Please note that in-service care is provided for all participants registered in the afterschool care option.

PAYMENT INFORMATION

A non-refundable registration Fee of \$75.00 (one per family) is due at the time of registration.

YPHD fees are paid monthly, on the first of each month, through automatic withdrawals from your bank account. A void cheque must also be included at the time of registration which is used to schedule your monthly payments. Your monthly payments will be based on the number of billable days in each month.

A receipt which details your monthly payments will be emailed to confirm registration.

PAYMENT AUTHORIZATION:

I, _____, authorize the YMCA to withdraw monthly payments from my account for the YPHD program as per my registration.

Signature

Date

- Use banking info on file Void cheque enclosed \$75.00 Registration Fee enclosed
 Use banking info on file for Registration Fee

INCOMPETE REGISTRATIONS WILL NOT BE PROCESSED

MEDICAL INFORMATION (REQUIRED):

Please specify if your child has any medical conditions and note the medication that they have been prescribed to take for these conditions:

Health Card Number: _____ Expiry Date: _____

Family Doctor's Name: _____ Doctor's Phone Number: _____

Medical Condition: (*Please circle*) Treatment/Medication: _____

ADD/ADHD _____

Autism _____

Diabetes _____

Asthma _____

Other: _____

Other Information: _____

Does your child have physical and/or developmental limitations that may require program adaptation? YES NO

If yes, please provide details: _____

ALLERGIES: My child is allergic to: _____

Mild Moderate Severe

Treatment/Comments: _____

YMCA PERMISSIONS

Permission is hereby given for my child:

1. To be taken off the YPHD School Site by YPHD staff or volunteers.
2. To be taken, by ambulance, for appropriate medical treatment in the event of an accident or sudden illness.
3. To participate in YMCA media events. YES NO
4. To have their photograph or video taken to be used within or outside of the YMCA for promotional material **AND/OR** to have their photograph or video taken to be used on the internet, in brochures and/or news releases. YES NO

Signature

Date

PARENT AUTHORIZATION

1. I have provided all relevant information regarding my child and understand that non-disclosure of information could lead to the cancellation of my child's registration.
2. I understand that in order to withdraw or change care options, one month's written notice is required.
3. I acknowledge that any payment returned from the bank will be charged an NSF fee. All NSF balances must be paid in full within 15 business days or care will be cancelled (this includes the registration fee and monthly payments). All overdue accounts will be sent to collections if they are not paid in full by the end of the month.

Signature

Date

SEND YOUR COMPLETED REGISTRATION FORM WITH PAYMENT TO:

YPHD Program
Community YMCA
2269 Gottingen Street
Halifax, NS B3K 3B7

TEL: (902) 422-9622
FAX: (902) 423-8530
WEB: www.ymcahalifax.ca



Photo, Video and Communications Consent, Assignment and Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be used by the YMCA in connection with the Purposes**, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "Work Product"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs**, its officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of 18 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 18, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name: _____

Telephone No.: _____

Address: _____

Signature of Witness

Signature of Participant

Name of Parent or Guardian, if applicable

YMCA COMMUNICATIONS CONSENT:

By writing my e-mail below, I agree to receive YMCA electronic communications (Example: Y Connections Monthly E-mail Newsletter). The YMCA will include my e-mail on their contact list(s) so I may stay informed on the activities, campaigns and programs taking place at the YMCA. I understand that I may unsubscribe from these communications at any time.

E-mail: _____

INTERNAL USE ONLY:

Name of Program: _____

Name of YMCA Staff Submitting Waiver: _____