



# LICENSED CHILD CARE REGISTRATION PACKAGE

Welcome to the YMCA-YWCA of Vancouver Island. We are excited to offer your child a space in one of our Child Care Programs. We look forward to building a relationship with you and your family.

**Your child's space is being held in your program of choice for three (3) days as outlined on your confirmation email. If this package is not received within three (3) days your space will be made available to another family.**

To complete your child's registration in your chosen program we require the following items to be provided as outlined below.

- Registration Form
- Authorized Pick Up List
- Child's Personal Information
- Child's Health Information
- Parent Permissions
- Payment Information
- Emergency Card
- Fees and Enrollment Policy Sign Off – From Family Info Package

*If you have multiple children registering, a separate package is required for each child.*

Once you have completed this package drop off your package to any YMCA-YWCA of Vancouver Island location. Please mark your package "Attn: Registration Services" or email your package to [registration@victoriay.com](mailto:registration@victoriay.com)

### **Registration Services**

*\*Entrance 2<sup>nd</sup> floor beside library*  
202-1314 Lakepoint Way  
Langford, BC V9B 0S2

Monday – Friday 8:00am – 8:00pm  
Saturday & Sunday 8:00am – 6:00pm

### **Downtown Y**

851 Broughton Street  
Victoria, BC V8W 1E5

Monday – Friday 5:30am – 10:00pm  
Saturday & Sunday 7:00am – 8:00pm

### **Westhills Y**

1319 Westhills Drive  
Langford BC V9B 0S2

Monday – Friday 5:30am – 10:00pm  
Saturday & Sunday 7:00am – 8:00pm

### **Eagle Creek Y**

25-110 Helmcken Rd.  
View Royal BC V8Z 5J5

Monday – Friday 5:30am – 10:00pm  
Saturday & Sunday 7:00am – 8:00pm



# LICENSED CHILD CARE REGISTRATION PACKAGE

## REGISTRATION FORM

### PROGRAM INFORMATION

CHILDCARE CENTRE	CHILDCARE PROGRAM
START DATE (YY/MM/DD)	END DATE

### CHILD INFORMATION

Child's Surname	Child's First Name	
Child prefers to be called:		
Birthdate (YY/MM/DD)	Gender	
Address	City	Postal Code
Main Phone/Cell Phone	Preferred Email	

### PARENT/GUARDIAN #1

Surname	First Name	
Address <input type="checkbox"/> same as child	City	Postal Code
Main Phone/Cell Phone	Work Phone	Email
Relation to Child	Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Access to the Child Care Centre requires a card swipe. Each family may have 2 access cards. All other authorized pick up people MUST ring the doorbell.

### PARENT/GUARDIAN #2

Surname	First Name	
Address <input type="checkbox"/> same as child	City	Postal Code
Main Phone/Cell Phone	Work Phone	Email
Relation to Child	Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Access to the Child Care Centre requires a card swipe. Each family may have 2 access cards. All other authorized pick up people MUST ring the doorbell.

### HOW DID YOU HEAR ABOUT OUR YMCA-YWCA CHILD CARE?

<input type="checkbox"/> Website	<input type="checkbox"/> Friends	<input type="checkbox"/> Current/Past Y Member	<input type="checkbox"/> Other (please specify):
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## OFFICE USE ONLY

Start Date (YY/MM/DD)	Monthly Fee
<b>REGISTRATION SERVICES USE</b> <input type="checkbox"/> All Required documents submitted Missing Information:	
Follow up: <input type="checkbox"/> Complete Package sent to CC Supervisor Date: _____ Initials: _____	



# LICENSED CHILD CARE REGISTRATION PACKAGE

## AUTHORIZED PICK UP LIST

Child's Surname	Child's First Name
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## AUTHORIZATION

I authorize the following people (in addition to Parent/Guardian 1 AND 2) to pick up my child and/or to be contacted in case of an emergency:

### CONTACT #1

Surname		First Name	
Address		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Access to the Child Care Centre requires a card swipe. Each family may have 2 access cards. All other authorized pick up people MUST ring the doorbell.

### CONTACT #2

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Access to the Child Care Centre requires a card swipe. Each family may have 2 access cards. All other authorized pick up people MUST ring the doorbell.

### CONTACT #3

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Access to the Child Care Centre requires a card swipe. Each family may have 2 access cards. All other authorized pick up people MUST ring the doorbell.

## PLEASE INDICATE PERSON(S) TO WHOM WE *MAY NOT* RELEASE YOUR CHILD (NAME AND DESCRIPTION)

Surname	First Name
Description:	

Surname	First Name
Description:	



# LICENSED CHILD CARE REGISTRATION PACKAGE

**PLEASE INDICATE ANY PERSON(S) TO WHOM ACCESS IS DENIED (NAME, DESCRIPTION AND RELATIONSHIP)**

Surname	First Name
Relationship	
Description	

COURT ORDER IN EFFECT? Please Circle YES      NO  
If YES, please attach copy

Surname	First Name
Relationship	
Description	

COURT ORDER IN EFFECT? Please Circle YES      NO  
If YES, please attach copy

Parent / Guardian Signature: _____	Date: _____
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# LICENSED CHILD CARE REGISTRATION PACKAGE

## CHILD'S PERSONAL INFORMATION

Child's Surname	Child's First Name
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### CHILD'S HOME INFORMATION

Child lives with?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian #1	<input type="checkbox"/> Guardian #2
Other siblings in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other adults in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>If yes, please include name(s):</i>					
Surname	First Name				
Surname	First Name				

### IF THERE IS A CUSTODY AGREEMENT

Is there a copy of the agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:

### IF YOU HAVE JOINT CUSTODY, PLEASE SPECIFY ARRANGMENTS TO PICK UP CHILD

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### IF YOU DO NOT HAVE A LEGAL CUSTODY AGREEMENT BUT HAVE AN INFORMAL SEPARATION AGREEMENT PLEASE GIVE SPECIFICS

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# LICENSED CHILD CARE REGISTRATION PACKAGE

## CHILD'S HEALTH INFORMATION

Child's Surname	Child's First Name
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**BC CARE CARD PERSONAL HEALTH NUMBER**

### IMMUNIZATION RECORDS

The Community Care and Assisted Living Act – Child Care Licensing Regulation (VIHA) requires that we have immunization records for each child in our program.  
Please enter the dates of immunization in the assigned space, or **submit a copy of your child's immunization records available from your local health unit.** *PENTA; Combines Pertussis, Diphtheria, Tetanus, Polio, Haemophilis Influenza B in one dose.*

Date/Age	Date/Age
PENTA or DTP	Measles
PENTA or DTP	Mumps
PENTA or DTP	Rubella
PENTA or DTP	Hepatitis B
DTP	TB
Other	

I have chosen not to immunize my child. **Signature:** \_\_\_\_\_

My child's immunizations are *not* up-to-date. **Signature:** \_\_\_\_\_

### FAMILY DOCTOR

Name	Phone
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### FAMILY DENTIST

Name	Phone
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### DOES YOUR CHILD HAVE ANY ALLERGIES?

Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
	Severity of reaction:
Other Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify:
	Severity of reaction:
Does your child have use an epi-pen or inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### DOES YOUR CHILD HAVE ANY HEALTH OR MEDICAL ISSUES SUCH AS?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Special Medications	<input type="checkbox"/> Hearing
<input type="checkbox"/> Other	Please Specify: _____			

### OTHER HEALTH PROFESSIONALS INVOLVED WITH CHILD:

Name	Phone
Name	Phone

### OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:



# LICENSED CHILD CARE REGISTRATION PACKAGE

## PARENT PERMISSIONS

Child's Surname	Child's First Name
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### IMAGE RELEASE:

I \_\_\_\_\_ (parent/guardian) give my permission for video, photo and digital images of my child to be taken during the program for in-house purposes within the YMCA-YWCA of Vancouver Island. I understand that the name of my child will not be published without my express written permission.

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

### FIELD TRIPS:

I \_\_\_\_\_ (parent/guardian) give my permission for my child to accompany child care staff on short neighborhood trips (i.e. library, local park). I understand that all excursions will be carefully pre-planned and adequately supervised. I understand that I will be informed of field trips that require public transportation and/or take place outside of the immediate neighborhood of the child care centre.

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

### PERMISSION TO ADMINISTER SUNSCREEN:

I \_\_\_\_\_ (parent/guardian) give the YMCA-YWCA of Vancouver Island Child Care Staff permission to apply sunscreen to \_\_\_\_\_ (child) on an as-needed basis. If sunscreen is not provided by the family, the staff will administer sunscreen.

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

### PARENT COMMITMENT:

I have received and read the Parent Handbook. I accept and agree to abide by the policies as stated.

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

### PARENT CONSENT:

In permitting my child to attend YMCA-YWCA Child Care, I, the undersigned, permit my child to participate in the full range of child care activities and authorize the Manager or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the YMCA-YWCA is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the YMCA-YWCA of Vancouver Island; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the YMCA-YWCA of Vancouver Island Child Care programs.

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

## PRIVACY POLICY

At the YMCA-YWCA of Vancouver Island, your privacy is, and always has been, very important to us. We are dedicated to providing you with superior service while protecting your privacy and safeguarding your personal information by following responsible information handling practices in keeping with privacy laws.



# LICENSED CHILD CARE REGISTRATION PACKAGE

## PAYMENT INFORMATION

<b>Surname</b>		<b>First Name</b>	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
<i>In accordance with Canada Revenue Agency guidelines, Child Care Tax Receipts will be issued in the name of the Payer.</i>			

## PAYMENT OPTIONS

Please indicate your preferred method of payment. All Child Care payments are withdrawn on the 1<sup>st</sup> of the month through Pre-Authorized Debit (PAD).

- I would like to pay by pre-authorized debit (PAD) and **have attached a void cheque or PAD form** to this registration.
- I would like to pay by credit card.

**Please do not fax, email or write down your credit card number. You will be contacted at the time of registration with instructions on providing your credit card information in a secure manner.**

## PRE-AUTHORIZED PAYMENT CONDITIONS AND AUTHORIZATION

I hereby authorize the YMCA-YWCA of Vancouver Island (YMCA-YWCA) to deduct monthly child care fees from my bank account, financial institution or credit card on the **first (1<sup>st</sup>) of each month**. If the funds are unavailable, the YMCA-YWCA will attempt to withdraw fees a second time (up to 30 days from original payment date). The YMCA-YWCA will not be responsible for any costs charged by my bank/financial institution. These services are for my personal purposes.

To make changes to your account information, ten (10) days notice is required, prior to the first (1<sup>st</sup>) of the month. It is the responsibility of the parent to ensure that the YMCA-YWCA of Vancouver Island has a current address.

My child care services may be cancelled if payment is not received for child care fees.

Child care fees are subject to annual increases, however, parent/guardians will be notified forty-five (45) days in advance of any such increases. Any fee increases or changes will be adjusted accordingly.

I may revoke my authorization at any time, by providing written notice of 30 days. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or inconsistent with this PAD Agreement. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement or more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

In the event I want to make changes to the program my child attends or to withdraw my child from the program, I agree to provide forty-five (45) days notice. For example, to withdraw July 1<sup>st</sup>, written notice would be required on or before May 15<sup>th</sup>.

**Payer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if not payer):** \_\_\_\_\_ **Date:** \_\_\_\_\_





# LICENSED CHILD CARE REGISTRATION PACKAGE

YMCA-YWCA CHILD CARE - EMERGENCY CARD		
Child Name:	Gender:	DOB: Y / M / D
Address:		
Main Email:	Home Phone:	
Parent/Guardian Name:	Work/Cell Phone:	
Parent/Guardian Name:	Work/Cell Phone:	
Emergency Contact:	Phone:	
Date of most recent Tetanus Shot:		
Child's Doctor:	Phone:	
Child's Dentist:	Phone:	
Medical Conditions/Allergies/Medications:		

YMCA-YWCA CHILD CARE - EMERGENCY CARD		
Child Name:	Gender:	DOB: Y / M / D
Address:		
Main Email:	Home Phone:	
Parent/Guardian Name:	Work/Cell Phone:	
Parent/Guardian Name:	Work/Cell Phone:	
Emergency Contact:	Phone:	
Date of most recent Tetanus Shot:		
Child's Doctor:	Phone:	
Child's Dentist:	Phone:	
Medical Conditions/Allergies/Medications:		