



YMCA CHILDMINDING - VITAL INFORMATION FORM - 2024/2025

CHILD'S NAME - FIRST / LAST		BIRTH DATE mm/dd/yyyy	AGE AT START OF SESSION	GENDER
		/ /	YEARS	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
MAILING ADDRESS		CITY		POSTAL CODE
APT#				

Does the child resides at more than one addresses: **YES/NO.** If yes, please fill a separate registration form for that address.

EMAIL:

I consent to receiving Sault Ste. Marie YMCA communications regarding my account, promotions and updates. You may withdraw your consent at any time using the contact information provided here. Please refer to our Privacy Policy or contact us for more details or contact info@ssmymca.ca . Sault Ste. Marie YMCA, 235 McNabb Street, Sault Ste. Marie, ON, P6B 1Y3, 705.949.3133 _____

1ST PARENT'S NAME - FIRST / LAST	HOME PHONE #	CELL #	WORK PHONE #
	()	()	() Ext.
2ND PARENT'S NAME - FIRST / LAST	HOME PHONE #	CELL #	WORK PHONE #
	()	()	() Ext.

LEGAL CUSTODY	CHILD RESIDES WITH
<input type="checkbox"/> 1ST PARENT <input type="checkbox"/> 2ND PARENT <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER EXPLAIN:	<input type="checkbox"/> 1ST PARENT <input type="checkbox"/> 2ND PARENT <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER EXPLAIN:

ALTERNATE EMERGENCY CONTACT AND AUTHORIZED PICK UP LIST:

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by YMCA staff when the parent/guardian cannot be reached IN CASE OF EMERGENCIES. Not all authorized pick up persons need to the emergency contacts:

ALTERNATE EMERGENCY CONTACT/ AUTHORIZED PICK UP: NAME - FIRST / LAST	PHONE #'S	RELATIONSHIP TO CHILD	HAS CONTACT BEEN MADE AWARE THEY ARE THE EMERGENCY CONTACT?
Emergency Contact	()		<input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Contact	()		<input type="checkbox"/> YES <input type="checkbox"/> NO
	()		
	()		
	()		
	()		

HEALTH HISTORY AND PERSONAL INFORMATION: The more information you can provide, the better we can meet the needs of your child. This information will be treated with confidence and respect. **If you answered yes to any of these questions, please complete a Medical/Behavioural Form and submit at time of registration.**

Is your child under any form of treatment for an illness, condition or injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child require 1:1 support while at school? If YES , please see Supervisor.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have any medical or behavioral conditions that we should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child need medication to be administered during the camp day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child carries Epi-pen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Allergies:	Food: <input type="checkbox"/> YES <input type="checkbox"/> NO Insects: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other: (please explain) <input type="checkbox"/> I require a consultation with the supervisor regarding elements of my child's participation.	<input type="checkbox"/> YES <input type="checkbox"/> NO