



PLEASE PRINT CLEARLY

**PARTICIPANT INFORMATION :**

CHILD: \_\_\_\_\_  M  F  
FAMILY NAME FIRST NAME

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ years GRADE: \_\_\_\_  
YEAR MONTH DAY (as of September 2017)

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT CITY (PROVINCE) POSTAL CODE

TEL. # HOME: \_\_\_\_\_ FAMILY E-MAIL: \_\_\_\_\_

PARENT: \_\_\_\_\_  
FAMILY NAME FIRST NAME

Tel. # home: \_\_\_\_\_ Tel. # work: \_\_\_\_\_ Cell: \_\_\_\_\_

PARENT: \_\_\_\_\_  
FAMILY NAME FIRST NAME

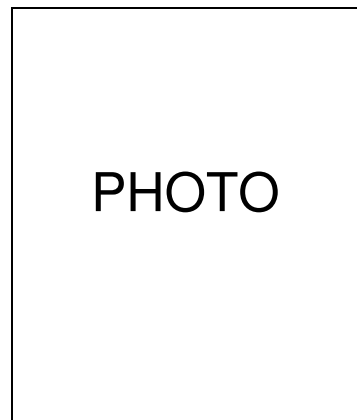
Tel. # home: \_\_\_\_\_ Tel. # work: \_\_\_\_\_ Cell: \_\_\_\_\_

LANGUAGES SPOKEN:  English  French  Other: \_\_\_\_\_

SCHOOL : \_\_\_\_\_

Indicate the method of transport used to come to the YMCA: \_\_\_\_\_

SWIM LEVEL (REQUIRED) – Indicate the level last completed: \_\_\_\_\_



**School Name:** \_\_\_\_\_  
**Please indicate the program (s) for which you are registering:**  
 Before School Program  
 Mon  Tue  Wed  Thu  Fri  
 After School Program  
 Mon  Tue  Wed  Thu  Fri  
 Pedagogical Day Program  
 March Break

**EMERGENCY CONTACTS (OTHER THAN PARENTS):**

1. **NAME:** \_\_\_\_\_ Relation to the child: \_\_\_\_\_

Tel. # home: \_\_\_\_\_ Tel. # work: \_\_\_\_\_ Cell.: \_\_\_\_\_

2. **NAME:** \_\_\_\_\_ Relation to the child: \_\_\_\_\_

Tel. # home: \_\_\_\_\_ Tel. # work: \_\_\_\_\_ Cell.: \_\_\_\_\_

**PICK-UP: LEAVE PROGRAMS ALONE (12 years +):**

The following people are authorized to pick-up my child:  
 mother  father  other(s), as indicated below

1. **Name:** \_\_\_\_\_ Relation to child: \_\_\_\_\_

Tel. # home: \_\_\_\_\_ Other #: \_\_\_\_\_

2. **Name:** \_\_\_\_\_ Relation to child: \_\_\_\_\_

Tel. # home: \_\_\_\_\_ Other #: \_\_\_\_\_

I, the undersigned, being the  mother  father  guardian  
of \_\_\_\_\_  
NAME OF CHILD

I authorize my child to leave the Westmount Y Centre Child Development Programs alone at the end of the program, releasing leave the Westmount Y Centre of all responsibilities, except where indicated in writing.

\_\_\_\_\_  
SIGNATURE DATE

