YMCA Ontario Early Years Registration Form

Ontario

YMCA
We build strong kids, strong families, strong communities.

Date: d / m / y

Please Check one:

☐ **Initial Registration**
(First Time Members)

☐ **Additional Registration**
(Adding Members to Existing "Family")

Please use **BLOCK LETTERS**

Adult Last Name:

Adult First Name:

ADDRESS

Street:

City: Postal Code:

Phone #: - -

Email:

**** Please register ALL participants who may come into the centre***

OTHER ADULTS (Parents, Caregivers, Grandparents) etc.)

Relation to Child	First Name	Last Name
_____		
_____		
_____		

CHILDREN:

	First Name	Last Name	Date of Birth D/M/Y
Child 1			___/___/_____
Child 2			___/___/_____
Child 3			___/___/_____
Child 4			___/___/_____
Child 5			___/___/_____

The KW YMCA is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our website at www.kwymca.org.