



St. Mary's French Immersion  
 Before and After  
 School Program  
 124 Gibb Street  
 Sault Ste. Marie, ON  
 705.945.7158 ext. 310



# St. Mary's French Immersion YMCA Before and After School Program

## FEE STRUCTURE

PROGRAM	AGE	RATE
Before & After Program	JK - 12 years	\$20.80
Before OR After School Program	JK - 12 years	\$12.50

- Fees are calculated based on the number of days per month your child is enrolled. There are no deductions provided for absences. **All absences must be paid in full.**
- Please be advised that children must be enrolled a minimum of two days per week. Changes require a two week notice. These days must be the same every week.
- ChildCare fees are paid by Pre-authorized Payments. Please provide either a void cheque or credit card information at the time of registration.
- The YMCA ChildCare offers reduced fees when enrolling two or more children.
- There is a 5% fee reduction in ChildCare fees for YMCA Family/Adult members. Please inform the ChildCare manager if you are a Family or Adult Member.
- The YMCA will initiate collection proceedings to collect unpaid accounts.
- If you are delayed beyond regularly scheduled program hours, a supplementary fee of \$5.00 for every fifteen minutes will be charged to your ChildCare account.

**Contact:**  
 Marlene Miskiw  
 Manager of ChildCare and  
 Children's Services  
 705.945.5178 Ext. 310  
 marlene.miskiw@ssmymca.ca

Building healthy  
 communities

# St. Mary's French Immersion YMCA Before and After School Registration

Child's Name:	_____	Date of Birth:	_____
Address:	_____	Postal Code:	_____
Telephone No.:	_____		
Name of Mother (Guardian):	_____	Email:	_____
Address:	_____	Telephone No.:	_____
Place of Employment:	_____	Telephone No.:	_____
Name of Father (Guardian):	_____	Email:	_____
Address:	_____	Telephone No.:	_____
Place of Employment:	_____	Telephone No.:	_____

<b>Before/After School Programs:</b>	J.K.	S.K.	<b>Grade</b>	Before: __	After: __
Mon	Tues	Wed	Thurs	Fri	
_____	_____	_____	_____	_____	_____
School : _____			Bus #: _____		

YMCA Family/Adult Member:  Yes  No      Subsidy Requested:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment

Please provide either a void cheque or credit card information at the time of registration.

## Office Use Only:

Date of Submission:	_____	Date of Discharge:	_____
Start Date:	_____		