



**Boreal
ChildCare Program**
232 Northern Avenue
Sault Ste. Marie, ON
705.256.7558

Boreal ChildCare Program

FEE STRUCTURE

Program	Age	Rate
Infant	Birth - 18 months	\$22.21
Fullday Toddler	18 - 30 months	\$19.85
Fullday Preschool	30 months - 5 years	\$17.96
JK/SK Before & After School Program	4 - 5 years	\$12.00
JK/SK Before School OR After School	4 - 5 years	\$12.00
Before & After School Program	6 - 12 years	\$12.00
Before OR After School	6 - 12 years	\$12.00
Extended AM Hours All ages (6:30 - 7:30)		\$7.00
Extended PM Hours All ages (5:30 - 6:30)		\$7.00
Extended AM & PM All ages		\$10.00

The YMCA Child Cares have been approved by the Sault Ste. Marie District Social Services Board to participate in the Canada Wide Early Learning and Child Care System (CWELCC). By being approved to participate, the YMCA is able to provide reduced parent fees for children ages 0 to 6 years of age in order to offer quality licensed child care that is more affordable and accessible to the families in our community.

*** The end of the month that the child turns 6, they are no longer eligible for the CWELCC rebates.**

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. These days must be the same days 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 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:
Laura Njari
Supervisor of
Boreal ChildCare
705.256.7558
laura.njari@ssmymca.ca

Building healthy
communities

Boreal ChildCare Registration

Child's Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Telephone No.: _____

Name of Mother (Guardian): _____

Address: _____ Telephone No.: _____

Place of Employment: _____ Telephone No.: _____

Name of Father (Guardian): _____

Address: _____ Telephone No.: _____

Place of Employment: _____ Telephone No.: _____

Please check which program you are applying for:

Infant Toddler (18-30 mos) Preschool (30 mos-5 yrs) JK/SK (4-5 years) School Age (6-12 years)
Before After Before After

I require extended hours AM PM BOTH Arrival Time _____ Departure Time _____

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

Subsidy Requested: Yes No

Signature: _____ Date: _____ Email: _____

Payment

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

Office Use Only:

Date of Submission: _____

Start Date: _____

Date of Discharge: _____