



St. Mary's French Immersion
 Before and After
 School Program
 124 Gibb Street
 Sault Ste. Marie, ON
 705.206.9522



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

FEE STRUCTURE

PROGRAM	AGE	RATE
Kindergarten Before & After School Program	3.5 - 6 years	\$12.00
Kindergarten Before OR After School Program	3.5 - 6 years	\$12.00
Before & After School Program	6 - 12 years	\$20.80
Before OR After School Program	6 -12 years	\$12.50

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:
 Allyson Pazdrak
 Supervisor of St. Mary's
 ChildCare
 705.206.9522
 allyson.pazdrak@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.:	_____

Before/After School Programs:

Kindergarten (3.5 - 6 years)	<input type="checkbox"/>	School Age (6-12 years)	<input type="checkbox"/>
Before	<input type="checkbox"/>	After	<input type="checkbox"/>
Before	<input type="checkbox"/>	After	<input type="checkbox"/>

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

School : _____ Bus #: _____

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: _____

Start Date: _____ Date of Discharge: _____