



FEE STRUCTURE Parental Rate Base Rate Program Age Infant \$47.00 Birth - 18 months \$22.21 \$19.85 **Fullday Toddler** 18 - 30 months \$42.00 30 months - 5 years \$17.96 **Fullday Preschool** \$38.00 JK/SK Before & After School Program 4 - 5 years \$20.00 \$12.00 JK/SK Before School OR After School \$12.00 \$12.00 4 - 5 years Before & After School Program \$20.40 \$20.40 6 - 12 years Before OR After School \$12.24 \$12.24 6 - 12 years \$7.00 \$7.00 Extended AM Hours All ages (6:30 - 7:30) Extended PM Hours All ages (5:30 - 6:30) \$7.00 \$7.00 Extended AM & PM All ages \$10.00 \$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:
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Boreal ChildCare
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Building healthy communities

Boreal ChildCare Registration

| Child's Name: | Date of Birth: |
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| | |
| Address: | Postal Code: |
| | |
| Telephone No.: | |
| | |
| Name of Mother (Guardian): | |
| | |
| Address: | Telephone No.: |
| | |
| Place of Employment: | Telephone No.: |
| Name of Eather (Guardian): | |
| 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 BOTH Arri | val Time Departure Time |
| MONDAY TUESDAY WEDNESDAY THURSDAY_ | EDIDAV |
| WEDNESDAT THORSDAT | FRIDAT |
| | |
| Subsidy Requested: Yes No | |
| | |
| Signatura | Emails |
| Signature: Date: | Email: |
| Payment | |
| Please provide either a void cheque or credit card information at the ti | ime of registration. |
| | |
| Office Use Only: | |
| Date of Submission: | |
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