



Isabel Fletcher
ChildCare Program
599 Third Line West
Sault Ste. Marie, ON
705.949.2434



Isabel Fletcher

ChildCare Program

FEE STRUCTURE

| PROGRAM | AGE | BASE RATE | PARENTAL RATE |
|---------------------------------|-----------------------|-----------|---------------|
| Fullday Toddler Program Fullday | 18 - 30 months | \$42.00 | \$19.85 |
| Preschool Program | 30 months - 44 months | \$39.54 | \$18.68 |

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.

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:
Barb Sharpe
Supervisor of ChildCare
705.949.2434
barb.sharpe@ssmymca.ca

*Building healthy
communities*

Isabel Fletcher ChildCare 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.: _____

Fullday Programs: Toddler (18 – 30 mths) _____ Preschool (30 mths – 44 mths) _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Time: _____ AM To _____ PM

Before/After School Programs: J.K. ☐ S.K. ☐ Grade

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

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: _____