



**Our Lady of Lourdes  
Before and After  
School Program**  
319 Prentice Avenue  
Sault Ste. Marie, ON  
705.542.1629

# Our Lady of Lourdes YMCA Before and After School Program

## FEE STRUCTURE

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

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  
705.989-6518  
barb.sharpe@ssmymca.ca

*Building healthy  
communities*

# Our Lady of Lourdes 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:** J.K.  S.K.  Grade:  Before:  After:  Age: \_\_\_\_\_

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: \_\_\_\_\_

Start Date: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_