



**Riverview
ChildCare Program**
51 Wireless Avenue
Sault Ste. Marie, ON
705.945.8080

Riverview ChildCare Program

Fee Structure

Program	Age	Base Rate	Parental Rate
Infant Program	Birth - 18 months	\$45.35	\$21.43
Fullday Toddler Program	18 - 30 months	\$42.25	\$19.96
Fullday Preschool Program	30 - 44 months	\$40.00	18.90
Kindergarten Before & After School Program	3.5 - 6 years	\$40.00	\$12.00
Kindergarten Before OR After School Program	3.5 - 6 years	\$10.05	\$10.05
Before & After School Program	6 - 12 years	\$20.00	\$20.00
Before OR After School Program	6 - 12 years	\$12.00	\$12.00

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 three 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:
Lisa Flammia
Supervisor of
Riverview ChildCare
705.945.8080
lisa.flammia@ssmymca.ca

Building healthy
communities

Riverview 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 - 44 mos) ☐ Before & After Age: _____

Days of Care Required

Riverview YMCA provides a flexible program for families. We ask that if you require a flexible schedule, that you submit your schedule in writing by WEDNESDAY FOR THE FOLLOWING WEEK. If your schedule will remain consistent, please indicate your estimated drop off and pick up time below. Email: _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

I require flexible care ☐ Drop off Time _____

My schedule will remain consistent ☐ Pick up Time _____

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: _____