



Tarentorus
ChildCare Program
96 Northwood Street
Sault Ste. Marie, ON
705.256.1234



Tarentorus ChildCare Program

FEE STRUCTURE

PROGRAM	AGE	BASE RATE	PARENTAL RATE
Infant	Birth - 18 months	\$47.00	\$22.21
Fullday Toddler Program	18 - 30 months	\$42.00	\$19.85
Preschool Program	30 - 44 months	\$39.54	\$18.68
Kindergarten Before & After School Program	3.5 - 6 years	\$20.80	\$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.

*** 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:
Maria Santoro
Supervisor of ChildCare
705.256.1234
maria.santoro@ssmymca.ca

Building healthy
communities

Tarentorus 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: Infant (0 - 18 mths) _____ Toddler (18 – 30 mths) _____ Preschool (30 mths – 44 mths) _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Time: _____ AM To _____ PM

Before/After School Programs: Kindergarten (3.5 - 6 years) ☐ School Age (6-12 years) ☐
Before ☐ After ☐ Before ☐ After ☐

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: _____