

The YMCA Child Care licensed under the Ministry of Education - Quality Assurance and Licensing Branch, offers care to children from infant up to and including 12 years of age.



Isabel Fletcher Child Care Program

Fee Structure

<u>Program</u>	<u>Age</u>	Base Rate	<u>Parental Rate</u>	
Toddler Program	18 - 30 months	\$42.00	\$19.85	
Preschool Program	30 - 44 months	\$39.54	\$18.68	
JK/SK Before & After School Program	3.5 - 6 years	\$12.00	\$12.00	
JK/SK Before OR After School Program	3.5 - 6 years	\$12.00	\$12.00	
Before & After School Program	6 - 12 years	\$12.75	\$12.75	
Before OR After School Program	6 - 12 years	\$21.25	\$21.25	

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 childcare 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.

Child care fees are paid by pre-authorized payments. Please provide either a void check 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 \$1.00 for every minute will be charged to your child care account.

Isabel Fletcher Child Care Program 599 Third Line W Sault Ste. Marie, ON 705-949-2434

Contact:

Barb Sharpe Supervisor of Child Care 705-989-6518 barb.sharpe@ssmymca.ca

Isabel Fletcher Childcare Registration

Child's Name: Address: Telephone No.: Name of Mother (Guardian): Address: Place of Employment: Name of Father (Guardian): Address: Place of Employment:				Date of Birth: (mm/dd/yy)						
				Postal Code:						
				Email: Telephone No.: Telephone No.:						
				- Те		ne No.:				
Fullday Pro	grams: Infant (Birth - 18 Time:	months)	Mon	 AM	Tues	to	Wed	Thurs	Fri - PM	
	Toddler (18 - 30	months)	Mon	aAM	Tues	to	Wed	Thurs	Fri -	
	Preschool (30 mor	nths - 5 yrs)	Mon	AM	Tues	to	Wed	Thurs	Fri -	
Before / Aft	er School Programs:									
	JK (4 yrs)	Before After	Mon Mon		Tues Tues		Wed	Thurs	Fri -	
	SK (5 yrs)	Before After	Mon Mon		Tues Tues	100 min	Wed	Thurs	Fri Fri	
	Gr. 1 - 5 (6 - 12 yrs)	Before After	Mon Mon	<u>.</u>	Tues Tues		Wed	Thurs	Fri -	
Subsidy Re Signature:		es	15		No Date:	<i>y.</i>				
Payment	ide either a void chequ	ue or credit car	d inform	nation at	t the time	e of reg	istration.			
Office Use	-									
Date of Sub Start Date:	mission:			Date	of Discha	- arge:	-			