



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.



Holy Family Child Care Program

Fee Structure

<u>Program</u>	<u>Age</u>	<u>Base Rate</u>	<u>Parental Rate</u>
Toddler Program	18 - 30 months	\$42.00	\$19.85
Preschool Program	30 - 44 months	\$38.76	\$18.31
Kindergarten Before & After School Program	3.5 - 6 years	\$20.00	\$12.00
Kindergarten Before OR After School Program	3.5 - 6 years	\$12.00	\$12.00
Before & After School Program	6 - 12 years	\$20.85	\$20.85
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 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.

**Holy Family
Child Care Program**
42 Rushmere Drive
Sault Ste. Marie, ON
705-942-4228

Contact:
Jean Favaro
Supervisor of Child Care
705-942-4228
jean.favaro@ssmymca.ca

Holy Family Childcare Registration

Child's Name: _____ Date of Birth: (mm/dd/yy) _____

Address: _____

Telephone No.: _____ Postal Code: _____

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 (Birth - 18 months) Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Time: _____ AM to _____ PM

Toddler (18 - 30 months) Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Time: _____ AM to _____ PM

Preschool (30 months - 5 yrs) Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Time: _____ AM to _____ PM

Before / After School Programs:

JK (4 yrs) **Before** Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
After Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

SK (5 yrs) **Before** Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
After Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Gr. 1 - 5 (6 - 12 yrs) **Before** Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
After Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Subsidy Required?

_____ 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: _____