

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.



## Our Lady of Lourdes

YMCA Before and After School Program

## **Fee Structure**

<u>Program</u>	<u>Age</u>	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	\$21.25	\$21.25
Kindergarten OR Before & After School Program	6 - 12 years	\$12.75	\$12.75

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.

Our Lady of Lourdes Before and After School Program 319 Prentice Avenue Sault Ste. Marie, ON 705-971-3698

## Contact:

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

## Our Lady of Lourdes YMCA Before & After School Registration

Child's Name: Address: Telephone No.:			Date of	Date of Birth: (mm/dd/yy)  Postal Code:  Email: Telephone No.: Telephone No.:  Email: Telephone No.: Telephone No.: Telephone No.:				
			Postal Cod					
Name of Mother (Guardian):		<del></del> 2						
Address:  Place of Employment:  Name of Father (Guardian):  Address:  Place of Employment:								
			— Teleph					
Before / Aft	ter School Programs:							
	JK (4 yrs)	Before After	Mon	Tues	Wed	Thurs	— Fri —	
	SK (5 yrs)	Before After	Mon Mon	Tues Tues	Wed	Thurs	Fri Fri	
	Gr. 1 - 5 (6 - 12 yrs)	Before After	Mon	Tues	Wed	Thurs	Fri	
Name of	School:			Bus #:				
School Te	elephone No.:							
Subsidy Re		'es		No				
Signature:				Date:				
Payment Please prov	vide either a void chequ	ue or credit car	d informatior	at the time of r	egistration.			
Office Use Date of Sub	-							2,3
Start Date:			Da	to of Discharge.	,			