

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.



## St. Mary's French Immersion 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
Before OR 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.

St. Mary's French Immersion YMCA Before and After School Program 124 Gibbs Street Sault Ste. Marie, ON 705-206-9522

## **Contact:**

Lisa Flammia Supervisor of Child Care 705-206-9522 lisa.flammia@ssmymca.ca

## St.Mary's French Immersion YMCA Before & After School 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	Date of Birth: (mm/dd/yy)  Postal Code:					
				Postal Cod						
				<del></del>	Email: Telephone No.:					
				Teleph	Telephone No.:					
				Teleph	Email: Telephone No.: Telephone No.:					
r tagg of En										
Before / Aft	ter School Programs:									
	JK	Before	Mon	Tues	Wed	Thurs	Fri ,			
	(4 yrs)	After	Mon	Tues	Wed	Thurs	Fri			
	SK	Before	Mon	Tues	Wed	Thurs	Fri			
-	(5 yrs)	After	Mon	Tues	Wed	Thurs	Fri			
	Gr. 1 - 5	Before	Mon	Tues	Wed	Thurs	Fri			
	(6 - 12 yrs)	After	Mon	Tues	Wed	Thurs	Fri			
Name of School:			Bus #:				i,			
School Te	elephone No.:									
Subsidy Re	quired?									
	<u>~</u>	Yes		No						
Signature:				Date:						
Payment										
Please prov	vide either a void cheq	ue or credit car	d informatio	n at the time of r	egistration.					
Office Use	Only:									
Date of Sub	omission:									
Start Date:	rt Date: Date of Discharge:									