



Contract for School Age Care

Complete this form with payment information

YMCA of
Western Ontario

Child's Information

Child's Name: _____ Date of Birth: (YYYY/MM/DD) _____
Address and Postal Code: _____ Male Female

Parent's Information

Parent #1 Name: _____
Address and Postal Code: _____
Home/Cell Phone: _____
Work Phone: _____
E-Mail: _____

Parent #2 Name: _____
Address and Postal Code: _____
Home/Cell Phone: _____
Work Phone: _____
E-Mail: _____

By providing your email address, you are agreeing to receive program updates and general communications from the YMCA of Western Ontario.

Program Information

Location: _____ Start Date: _____ Please note, priority is given to full time care.
 Full Time Before and After Full Time Before Only Full Time After Only
 Part Time (Please complete YMCA Child Care Calendar) Kindergarten Program Yes No

Deposit/First Payment

Date _____ Amount \$ _____ All deposits are non refundable

Payment Information

(if applicable)

Payer 1: _____
Bank Information:
 Attached Void Cheque or PAP form from bank

Payer 2: _____
Bank Information:
 Attached Void Cheque or PAP form from bank

Payment Of Services

- Option 1 : I/We hereby authorize the named financial institution to debit my/our bank account on the 1st of each month.
- Option 2: I/We hereby authorize the named financial institution to debit my/our bank account on the 1st and 15th of each month.

Do you receive subsidy? Yes No

YMCA Strong Kids Donation

I wish to make a Charitable Gift \$ _____ or Monthly Donation \$ _____
Signature: _____ Amount Paid \$ _____

"I understand this reserves a space in a Y children's services program for my child/children and that fees will not be reimbursed or reduced for days missed due to illness, emergency closures, or absences. I understand my fee is based on a daily rate calculated for the number of care days in each month (including statutory holidays; I understand care may not be provided on these days). I agree to have pre-authorized payments withdrawn from my bank account on a monthly basis on or about the 1st and/or 15th of each month. Payments declined are subject to a \$30 service charge. The Y will inform me of any increase in fees. I can cancel with two weeks notice or change model of care."

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Director Signature: _____ Date Received: _____

Registration Administrator's Signature: _____ Date Processed: _____