



YMCA SCHOOL AGE CHILD CARE (SACC) 2010/2011 CHANGE OF STATUS FORM

FOR OFFICE USE ONLY:

Date received: _____ Time: _____
 Date processed: _____ Initials: _____
 Change: _____ 1st _____ 2nd _____ 3rd

Reminder: Changes will be effective 2 weeks from the date the SACC office receives the form.

SACC Centre: _____ Child's First Name: _____ Child's Last Name: _____

Phone Number: _____ Contact Name Requesting Changes: _____ Signature: _____

(contacts can only make changes if their signature was included on the original registration form; for parents completing this form electronically: by typing your name in the signature line, it represents a signature)

PLEASE INDICATE BELOW THE CHANGES BEING MADE (only fill in the portions of the form that are changing and need to be updated)

PERSONAL INFORMATION

Child's Address: _____ City: _____ Postal Code: _____ Phone Number: _____

Contact Name: _____ New Contact's Relationship to Child: _____ Is this now the primary or secondary contact? _____

New Contact's Address: _____ City: _____ Postal Code: _____ Phone Number: _____

EMERGENCY CONTACTS (must be 16 years of age or over)

Emergency Contact Name: _____ Relationship: _____ Day Time Phone Number: _____

Address: _____ City: _____ Postal Code: _____

AUTHORIZED PICK-UP (must be 16 years of age or over)

1) _____ 2) _____ 3) _____

ALLERGIES/MEDICAL INFORMATION

If child requires medication during program, an "administration of medication form" (located online) will also need to be signed – please review the medication policy in the Parent Handbook. If child now requires an epi-pen, an "epi-pen information form" (located online) must be attached

Please indicate the new allergy or medical information: _____

ENROLLMENT STATUS Effective date for changes: _____ (changes will be effective 2 weeks from the date the form is received in the SACC office)

CANCELLING ENROLLMENT

FULL TIME: Before School After School Before & After School

OR

PART TIME: (must keep a minimum of 2 regular scheduled days each week)

Before School After School Before & After School

Days Cancelling: Mon Tues Wed Thurs Fri

ADDING ENROLLMENT (based on availability)

FULL TIME: Before School After School Before & After School

OR

PART TIME: (must keep a minimum of 2 regular scheduled days each week)

Before School After School Before & After School

Days Adding: Mon Tues Wed Thurs Fri

METHOD OF PAYMENT

Please update my original my original payment information with the following payment information:

Credit Card VISA Mastercard

Card Number:

Card Expiry Date: ____/____ Card Holder Name: _____

Card Holder Signature: _____

(by signing you agree to debiting the account given for payments to the SACC program according to the registration information provided and any additional days enrolled)

Preferred Billing Date: 1st of the month

Split between 1st and 15th of the month

PAD (Pre-Authorized Debit; VOID cheque)

I may revoke my PAD authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Is a current VOID cheque or banking information? yes no

Account Holder Name: _____

Account Holder Signature: _____

(by signing you agree to debiting the account given for payments to the SACC program according to the registration information provided and any additional days enrolled)

Preferred Billing Date: 1st of the month

Split between 1st and 15th of the month