Hamilton YMCA SACC – 79 James St. S., Hamilton, ON L8P 2Z1 – Tel: 905-317-4916 – Fax: 905-529-6682
Burlington YMCA SACC – 500 Drury Lane, Burlington, ON L7R 2X2 – Tel: 905-632-5000 ext. 6236 – Fax: 905-333-1767
Brantford YMCA SACC – 143 Wellington St, Brantford, ON N3S 3Y8 – Tel: 519-752-6568 ext. 114 – Fax: 519-759-8431

FOR OFFICE USE ONLY:
Date accepted: _____ Initials: _____

YMCA SCHOOL AGE CHILD CARE (SACC) METHOD OF PAYMENT

Child's First Name: _____ Child's Last Name: _____
School Age Centre Requesting: _____ Birthdate: (year/month/day) _____/_____/_____ Gender: (M/F)
Primary Contact Name: _____ Name to be printed on tax receipt: _____

REGIONAL SUBSIDIZED CHILD CARE ASSISTANCE

Hamilton Area
Are you receiving subsidized assistance through the City of Hamilton to assist you with child care fees?
☐ yes ☐ no
If yes, please attach a copy of your "authorization for payment" form and identify your method of payment for your parent portion below.

Subsidy worker name: _____
What is your daily rate? $_____ Expiry date: _____

Burlington Area
Are you receiving subsidized assistance through the Region of Halton to assist you with child care fees?
☐ yes ☐ no
If yes, please attach a copy of your "CSF (37)a" contract and identify your method of payment for your parent portion below

Subsidy worker name: _____
What is your daily rate? $_____ Expiry date: _____

Brantford Area
Are you receiving subsidized child care assistance through the City of Brantford Child Care Services?
☐ yes ☐ no
If yes, please attach a copy of your "authorization for payment" form and identify your method of payment for your parent portion below.

Subsidy worker name: _____
What is your daily rate? $_____ Expiry date: _____

Important! *Please remember to contact your subsidy worker if you change your enrollment status. If you become ineligible for subsidy, you immediately become responsible for the full child care fee.*

METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES

Registration Fee **(please indicate your method of payment for the registration fee (non-refundable, non tax-receiptable) due at time of registration)**
Registration fee total: $_____ ☐ Cash/ Cheque ☐ VISA/ Mastercard ☐ PAD (Pre-Authorized Debit; void cheque)

Monthly SACC Fees **(please indicate your method of payment for the monthly program fess)**

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 month

PAD (Pre-Authorized Debit; VOID cheque)

Have you attached a VOID cheque? ☐ 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 Withdrawal date: ☐ 1st of the month
☐ Split between 1st and 15th of month

For mid-month registrations: Full payment for the month is due upon receipt of registration.

Enrollment status change and cancellation policy:

A change of status form must be submitted for amendments to enrollment or any withdrawals. These will be effective from 2 weeks of the date the form is received in the SACC office. Enrollment may be changed at no charge twice per school year. A $20.00 fee will be charged to your account for each subsequent change. There will be no changes made to enrollment status and payment between August 20 through the month of September 2010. Amendments for September must be made by August 20, 2010.

Payment is required for all days registered including sick days, vacation, statutory holidays, and snow closures. A $35 service charge will be levied on NSF accounts.

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.

I have read and understand the payment plans, cancellation, and refund policies.

Primary Contact Signature: _____ **Date:** _____

Help Another Child Receive a YMCA Experience

A gift to the YMCA Strong Kids Campaign would be greatly appreciated to support children whose families cannot afford YMCA programs.

☐ $15 ☐ $25 ☐ $50 ☐ $75 ☐ Other: $_____

(Please enclose separate payment in support of the YMCA Strong Kids Campaign. A tax receipt will be issued for all donations over $15)