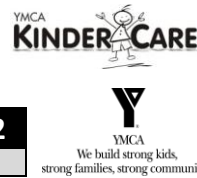




**YMCA OF HAMILTON/BURLINGTON/BRANTFORD**  
 Hamilton YMCA SACC – 79 James St. S., Hamilton ON L8P 2Z1 / TEL: 905-317-4916 / FAX: 905-317-4917  
 Burlington YMCA SACC – 500 Drury Lane, Burlington ON L7R 2X2 / TEL: 905-632-5000 EX. 6236 / FAX: 905-333-1767  
 Brantford YMCA SACC – 143 Wellington St., Brantford ON N3S 3Y8 / TEL: 519-752-6568 EX. 101 / FAX: 519-759-8431



**YMCA SCHOOL AGE CHILD CARE / KINDERCARE CHANGE OF STATUS FORM 2011 / 2012**

*All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.*

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 SACC Centre: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Name Requesting Changes: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY			
Date Received:	_____	Time:	_____
Date Processed:	_____	Staff Initial:	_____
Change #:	1	2	3

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

**PERSONAL INFORMATION**

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ New Contact's Relationship to Child: \_\_\_\_\_ Will this be a primary or secondary contact? \_\_\_\_\_  
 New Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**AUTHORIZED PICK UPS**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**ALLERGIES / MEDICAL INFORMATION**

*\*If child requires medication during program, an "Administration of Medications" form (located online, from the SACC staff and/or SACC office) 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, from the SACC staff and/or SACC office) must be attached.*

Please indicate the new allergy or medical information: \_\_\_\_\_

**ENROLLMENT STATUS**

Effective date for changes: \_\_\_\_\_ *(changes will be effective TWO WEEKS from the date the form is received in the SACC Office)*

CANCELLING ENROLLMENT	ADDING ENROLLMENT
<b>FULL TIME:</b>	<b>FULL TIME:</b>
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School
<b>OR</b>	<b>OR</b>
<b>PART TIME:</b> <i>(must keep a minimum of 2 regularly scheduled days each week)</i>	<b>PART TIME:</b> <i>(must keep a minimum of 2 regularly scheduled days each week)</i>
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School
<b>Days Cancelling:</b>	<b>Days Adding:</b>
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

**METHOD OF PAYMENT**

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

PAD (Pre-Authorized Debit: Void Cheque)	
Have you attached a VOID Cheque?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Account Holder Name:	_____
Account Holder Signature:	_____
<i>By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the SACC / Kindercare program according to the registration information provided, and for any additional services delivered.</i>	

Credit Card (VISA/MASTERCARD)	
Last FOUR Digits of Credit Card:	XXXX XXXX XXXX _____
Credit Card Expiry Date:	_____/____/_____
Card Holder Name:	_____
Card Holder Signature:	_____
<i>New Credit Card processing rules have changed the way the YMCA of Hamilton / Burlington / Brantford stores your account information. Your Credit Card number will only be recorded in our secure banking software while you are using YMCA services. Please indicate only the final four digits of the Credit Card you wish to be debited for YMCA SACC/Kindercare services. Note: you MUST contact the YMCA SACC/Kindercare Office at one of the above telephone numbers before August 19, 2011 to provide your full Credit Card information. Failure to provide your Credit Card information may result in the cancellation of your SACC / Kindercare registration. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified above for payments to the SACC / Kindercare program according to the registration information provided, and for any additional services delivered.</i>	

**ENROLLMENT STATUS CHANGE, CANCELLATION POLICY AND PAYMENT NOTIFICATION INFORMATION**

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 19, 2011 through the month of September 2011. Amendments for September must be made by August 19, 2011.

Payment is required for all days registered including sick days, vacation, statutory holidays, and snow closures. Any payment that is returned as an NSF will be re-processed by the Bank within 5 business days. A \$35.00 will apply to all returned payments.

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](http://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](http://www.cdnpay.ca).

This authority is to remain in effect until YMCA of Hamilton/Burlington/Brantford has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

The collection, use and disclosure of personal information is governed by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56

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

Primary Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_