



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/KINDER CARE METHOD OF PAYMENT 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: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (M/F): \_\_\_\_\_
School Age Centre: \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_ Name to be printed on tax receipt: \_\_\_\_\_

PROGRAM STATUS

Form with checkboxes for FULL TIME (Before School, After School, Before & After) and PART TIME (Before School, After School, Before & After) with days requesting (Mon-Fri).

REGIONAL SUBSIDIZED CHILD CARE ASSISTANCE

Table with 3 columns: Hamilton Area, Burlington Area, Brantford Area. Each column contains questions about subsidized assistance and fields for Subsidy Worker Name, daily rate, and exp. date.

IMPORTANT! Please remember to contact your subsidy worker if you change your enrolment 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: \$ \_\_\_\_\_ [ ] Cheque/Cash [ ] VISA/MasterCard [ ] PAD (Pre-authorized Debit; Void Cheque)

MONTHLY SACC FEES

(please indicate your Method of Payment for the Monthly Program Fees)

Preferred Withdrawal Date: [ ] 1st of the Month [ ] Split between the 1st and 15th of the Month

PAD (Pre-Authorized Debit: Void Cheque)

Form for PAD payment including fields for Account Holder Name, Account Holder Signature, and a statement of authorization.

Credit Card (VISA/MASTERCARD)

Form for Credit Card payment including fields for Last FOUR Digits of Credit Card, Credit Card Expiry Date, Card Holder Name, Card Holder Signature, and a statement of authorization.

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. 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. 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: \_\_\_\_\_

Help Another Child Receive a YMCA Experience – Donate to Strong Kids Today!

A gift to the YMCA Strong Kids Campaign would be greatly appreciated to support children whose families cannot afford YMCA Programs [ ] \$20.00 [ ] \$25.00 [ ] \$50.00 [ ] \$75.00 [ ] Other \$ (Please enclose separate payment in support of the YMCA Strong Kids Campaign. A tax receipt will be issued for all donations over \$20.00)

Charitable Registration # 10808 3825 RR0001