



CHILD CARE CHANGE OF STATUS FORM

Child's First Name: _____ Child's Last Name: _____
Centre Name: _____ Phone Number: _____
Contact Name Requesting Changes: _____ Signature: _____

FOR OFFICE USE ONLY
Date Received: _____ Time: _____
Date: _____ Staff: _____
Processed: _____ Initial: _____
Staff Child: Y/N Subsidy: Y/N
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: _____

CHANGES TO EMPLOYMENT

Please indicate the new information: _____

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

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

ADDING AUTHORIZED PICK UPS

1. _____ 2. _____ 3. _____

REMOVING AUTHORIZED PICK UPS

1. _____ 2. _____ 3. _____

CHANGES TO ALLERGIES / MEDICAL / DIET

*If child requires medication during program, an "Administration of Medications" form (located online, from the Child Care Educators and/or Child Care office) will also need to be signed - please review the Medication Policy in the Parent Handbook. If child now requires an Epi-Pen, an "Individual Anaphylaxis Emergency Plan" (located online, from the Child Care Educators and/or Child Care office) must be attached.

Please indicate the new information: _____

CHANGES TO DEVELOPMENTAL / LEARNING / SOCIAL-EMOTIONAL CHALLENGES

If yes, indicate details: _____

Does your child require any additional assistance? YES NO

(YMCA Child Care maintains a 1:3 ratio for infants, 1:5 ratio for toddlers, 1:8 ratio for preschool, 1:13 ratio for Kindergarten program and 1:15 for school age children)

If yes, is there anything we should know concerning school, relationships, learning abilities, does the child have an E.A., are they in a special class, etc.?

ENROLLMENT STATUS

Current Enrollment Status: _____ Infant Toddler Preschool Kindergarten School Age

Effective date for changes: _____ (changes will be effective TWO WEEKS from the date the form is received in the Child Care Office)

Table with enrollment options: CHANGE IN CHILD CARE, CANCELLING ENROLLMENT, ADDING ENROLLMENT. Includes columns for Full Time, Part Time, AM, PM, BOTH, and days of the week.

Notes for clarification: _____



YMCA OF HAMILTON/BURLINGTON/BRANTFORD
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METHOD OF PAYMENT

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

Change to Withdrawal Date: 1st of the Month 1st and 16th of the Month

Are you splitting payment between payees? Yes No *If yes, please attach Distribution of Payments Form.*

Change to Subsidy: Yes No **First Day of New Schedule/Rate:** _____

Change in Child Care: Toddler to Preschool **First Day of New Schedule/Rate:** _____
 Infant to Toddler

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 Child Care 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 from mid August through to the end of September. Amendments for September must be made by August 14th.

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 subject to a \$10.00 administration fee.

The YMCA of Hamilton/Burlington/Brantford will issue Child Care tax receipts in accordance with CRA regulations.

The YMCA of Hamilton/Burlington/Brantford may disclose account status to other payees or Primary Caregivers in cases where this differs from the person registering the child. If the payment is split amongst two payees, please call your Child Care office to complete a Distribution of Payment Form.

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 bound by Personal Information Protection and Electronic Documents Act.

PAD (Pre-Authorized Debit/Void Cheque)

Have you attached a VOID Cheque? YES

Account Holder Name: _____

Account Holder Signature: _____

By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the Child Care program according to the registration information provided, and for any additional services delivered.

CUSTODY

Changes to Custody: Yes No **Court Order Attached:** Yes No

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

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

Primary Contact Email: _____

Note: Email addresses are collected so that you can receive updates regarding your Child Care Program, including PA Day Flyers, Parent Surveys and Account Information. Email addresses are collected on an annual basis. If you would like to receive these updates, please complete your email address above. The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.

Credit Card (VISA/MASTERCARD)

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 the Credit Card you wish to be debited for YMCA Child Care. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified below for payments to the Child Care program according to the registration information provided, and for any additional services delivered.

Name on Credit Card: _____ **Signature of Account Holder:** _____

Card Number: _____ **Expiry Date:** _____ / _____

Primary Contact Email: _____

Note: Email addresses are collected so that you can receive updates regarding your Child Care Program, including PA Day Flyers, Parent Surveys and Account Information. Email addresses are collected on an annual basis. If you would like to receive these updates, please complete your email address above. The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.