



CHILD CARE METHOD OF PAYMENT FORM

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: ____/____/____

Child Care Centre: _____ Upcoming Grade: _____ Primary Contact Name: _____

Sibling(s) in program: _____ Name(s): _____

PROGRAM STATUS FOR 2019/2020

Table with 3 columns: AM, PM, BOTH. Header: FULL TIME (5 days per week) Please circle one

Table with 3 columns: AM, PM, BOTH. Header: PART TIME (minimum of 2, less than 5 days per week) Please circle days

REGIONAL SUBSIDIZED CHILD CARE ASSISTANCE. Hamilton Area, Burlington Area, Brantford Area. Includes questions about receiving assistance and subsidy worker information.

METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES

\$25 REGISTRATION FEE (per family)

(please indicate your Method of Payment for the Registration Fee – non refundable, non tax-receiptable – due at time of registration.)

VISA/MasterCard Debit

MONTHLY SACC FEES

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

Preferred 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.

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.

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 10 business days.

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.

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.

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.

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 School Age Program, including PA Day Flyers, Parent Surveys and Account Information.

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.

PAD (Pre-Authorized Debit/Void Cheque) Have you attached a VOID Cheque? YES Account Holder Name: _____ Account Holder Signature: _____

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.