

YMCA OF HAMILTON/BURLINGTON/BRANTFORD

		OR DISTRIBUTION											
· · · · · · · · · · · · · · · · · · ·	All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned. Child's Last Name: Birth Date:												
Child's First Name:							_ Birth	Date:					
Centre Attending:		Grade:											
		PROGE	RAM STATU										
(5 days per week) Plea			PART	TIME (mini	imum of 2	, less th	an 5 de PM	ays per w	eek) Pl	ease ch BO		ys	
AM PM	вотн		м т	W T	F M	Т	W	T F	М	T V		F	
ENROLLMEN'	T STATUS CHAI	NGE, CANCELLATION	POLICY A	ND PAYN	ΛΕΝΤ N	OTIFIC	ATIO	N INFOI	RMAT	ION			
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 the month 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 institution or visit <u>www.cdnpay.ca</u> . I have certa consistent with this PAD Agreement. To obtain	ain recourse rights if any	debit does not comply with this agre	ement. For ex	ample, I have t	he right to re	ceive reim							
This authority is to remain in effect until YMCA before the next debit is scheduled at the addre	ess provided below.	Brantford has received written notil			_			ion must be	received	at least te	n (10) bu	siness day	5
I have read and understand the pa	yment plans, cand	ellation and refund policie	s.										
Payee 1 Signature:					Date:								
Payee 2 Signature:					Date:								
	DAVEE 4 N												
	PAYEE 1 - IV	IETHOD OF PAYMENT	FOR REG	SISTRATI	ON AND	MON	ITHLY	FEES					
Name:		ETHOD OF PAYMENT e Number:	FOR REG		ON AND				y this	paren	:?		
Name:					% or am	ount b	eing c		-	-	_		
	Phon	e Number:	nil:		% or am	ount b	eing c	overed b	-	-	_		
Address:	Phon	e Number: Ema	nil: f Payment ;	for the Mor	% or am nthly Prog	ount b	eing c	overed k			_		
Address:	Phon	e Number: Ema ase indicate your Method o	nil: f Payment ;	for the Mor per registr	% or am nthly Prog	ount b	eing c	overed k			_		
Address:	Phon	e Number: Emains as a indicate your Method of \$25 REGISTRATION Of Payment for the Registration USA/MasterCard	iil: f Payment ; ION FEE (p Fee – non re	for the Mor per registr Efundable, no	% or am onthly Progration) on tax-recei	ount b	eing c	overed k			_		
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YMCA OF HAMILTON/BURLINGTON/BRANTFORD

AGREEMENT FOR DISTRIBUTION OF PAYMENTS BETWEEN PAYEES FORM

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

PAYEE 2 - METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES								
Name: Phone Number:	% or amount being covered by this parent?							
Address: Email:	Email:							
(Please indicate your Method of Payment for the Monthly Program 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	1 16th of the Month							
Are you splitting payment between payees? ☐ Yes ☐ No If yes, plea	ase attach Distribution of Payments Form.							
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 SACC program according to the registration information provided, and for any additional services delivered.								
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 SACC services. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified below for payments to the SACC 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:							