



YMCA OF HAMILTON/BURLINGTON/BRANTFORD

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):

FULL TIME		
(5 days per week) Please check one		
AM	PM	BOTH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART TIME (minimum of 2, less than 5 days per week) Please check days														
AM					PM					BOTH				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGIONAL SUBSIZED CHILD CARE ASSISTANCE		
Hamilton Area	Burlington Area	Brantford Area
Are you receiving subsidized assistance through the City of Hamilton to assist you with Child Care fees? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach a copy of your "Authorization for Payment" form and identify your Method of Payment for your parent portion below. Subsidy Worker Name: What is your daily rate? Exp. Date:	Are you receiving subsidized assistance through the Region of Halton to assist you with Child Care fees? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach a copy of your "CSF (30)" form and identify your Method of Payment for your parent portion below. Subsidy Worker Name: What is your daily rate? Exp. Date:	Are you receiving subsidized assistance through the City of Brantford to assist you with Child Care fees? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach a copy of your "Authorization for Payment/Subsidy Contract" form and identify your Method of Payment for your parent portion below. Subsidy Worker Name: What is your daily rate? 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

\$25 REGISTRATION FEE (per registration)
(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. 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 14 th .
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. <small>The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.</small>

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. 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.

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 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 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) <small>Charitable Registration # 10808 3825 RR0001</small>

PAD (Pre-Authorized Debit/Void Cheque)
Have you attached a VOID Cheque? <input type="checkbox"/> YES
Account Holder Name:
Account Holder Signature: <small>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.</small>

Credit Card (VISA/MASTERCARD)
<small>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.</small>
Name on Credit Card: Signature of Account Holder:
Card Number: Expiry Date: /