



2011 Out of School Care REGISTRATION

Start Date: _____

Child's Name

Birth Date

Gender

M F

First

Last

Y/M/D

Parent/Guardian Name: _____

First

Last

Birth Date: Y____M____D____ Gender: M F E-mail: _____

Mailing Address: _____ City: _____

Postal Code _____ Telephone: (home) _____ (work) _____

School _____ Grade _____ Centre: _____

FEES:

Non-refundable registration fee of \$75

Before School Care 6:30-8:30am

Out of School Care 2:30-6:00pm

Daily: \$5 Weekly: \$25

Weekly: \$70 Daily: \$14

SUBSIDY - It is your responsibility to provide the Y with your approved government subsidy form. If we do not receive this directly from you than you will be responsible for the full fee. Please drop off your subsidy form to the attention of Laurie at the Member Services Desk

Pre-Authorized Payment Plan Options

Type of Service:

Personal

Business

Chequing Account (attach a voided cheque or authorized bank confirmation of account#)

Account Holder Name: _____

First

Last

Chq #: _____ Transit #: _____ Branch #: _____ Account #: _____

5 Digits

3 Digits

Minimum 7 Digits

OR

Credit Card Holder Name: _____ Signature: _____

First

Last

Visa Mstcrd Card #: _____ Expiry Date: _____

OR

Use banking information currently on file.

You the Payer authorize the YMCA-YWCA of the Central Okanagan to debit the bank account identified above on the 20th of each month. The monthly debit amount will be determined by the daily rate for the type of childcare service provided multiplied by the number of days of childcare provided in the corresponding calendar month. **The first payment date will commence on the 20th of the month prior to the first month of childcare service provided.**

Signature of Applicant: ① _____ Date: _____

AGREEMENTS:

_____ I hereby authorize the YMCA-YWCA to deduct monthly childcare fees from my bank/financial institution or credit card (VISA or Master Card) on the 20th of each month prior to the month child care is provided, for the program listed above (please check).

_____ If funds are not available on the 20th day of each month prior to the month child care is provided, the YMCA-YWCA may re-attempt to withdraw the funds at a later date.

_____ I understand that a service charge of \$25 will be charged to my childcare account for any returned payments.

_____ My childcare services may be cancelled if payment is not received for childcare fees within 30 days of the returned payment.

_____ To cancel your registration the YMCA-YWCA of the Central Okanagan requires 30 days notice. Please contact the Supervisor at your childcare centre to obtain a cancellation form, or for more information on your right to cancel a PAD (Pre-Authorized Debit) agreement, you may contact your financial institution or visit www.cdnpay.ca.

_____ You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

_____ It is the responsibility of the parent to ensure that the YMCA has a current address. Childcare fees are subject to annual increases; however, parent/guardians will be notified in advance of any such increases. Any fee increases or changes will be adjusted accordingly.

_____ The Y respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information that you provide will be used to develop and deliver services. Personal contact and e-mail information will be used to keep you informed and up to date on the activities of the Y, including programs, services, special events, open houses, funding needs and opportunities to volunteer. We also use and disclose data, which does not identify individuals, for statistical purposes to develop and enhance YMCA-YWCA programs and services.

Opt out - I want my name and contact information to be kept private and in doing so, I understand that I will not receive promotional mail or e-mail communication from the Y.

Y Giving Strong Kids Campaign Kelowna Family Y Expansion
One time gift of: \$5 \$10 \$20 Other \$ _____ I wish to remain anonymous

FOR OFFICE USE ONLY

Approved by Supervisor: _____ Date: _____ Time: _____ Signature: _____

Paperwork: Reviewed Or Redone as Required

Form Processed by Member Services: Date: _____ Initial: _____

YMCA-YWCA of the Central Okanagan
375 Hartman Road, Kelowna BC V1X 2M9
250.491.YMCA (9622)
www.ymca-ywca.com