



# 2012 Registration Payment Form

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:

Camps 7:30-5:30 Weekly  \$157.50/ per day or Daily  \$31.50/ per day

**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 20<sup>th</sup> 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 20<sup>th</sup> 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](http://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](http://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](http://www.ymca-ywca.com)

☐ \$31.50/ per day