



SCHOOL AGE CHILD CARE CHANGE OF STATUS FORM 2015 / 2016

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_
SACC Centre: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Contact Name Requesting Changes: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY
Date Received: \_\_\_\_\_ Time: \_\_\_\_\_
Date Processed: \_\_\_\_\_ Staff Initial: \_\_\_\_\_
Change #: 1 2 3

PLEASE INDICATE BELOW THE CHANGES BEING MADE

(only fill in the portions of the form that are changing and/or need to be updated)

PERSONAL INFORMATION

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Contact Name: \_\_\_\_\_ New Contact's Relationship to Child: \_\_\_\_\_ Will this be a primary or secondary contact? \_\_\_\_\_
New Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EMERGENCY CONTACTS (must be 16 years of age or over)

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

AUTHORIZED PICK UPS

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

CHANGES TO ALLERGIES / MEDICAL

\*If child requires medication during program, an "Administration of Medications" form (located online, from the SACC staff and/or SACC office) will also need to be signed - please review the Medication Policy in the Parent Handbook. If child now requires an Epi-Pen, an "Individual Anaphylaxis Emergency Plan" (located online, from the SACC staff and/or SACC office) must be attached.

Please indicate the new information: \_\_\_\_\_

CHANGES TO DEVELOPMENTAL / LEARNING / SOCIAL-EMOTIONAL CHALLENGES

If yes, indicate details: \_\_\_\_\_

Does your child require any additional assistance? YES NO

(YMCA SACC maintains a 1:15 staff to child ratio, 1:10 ratio in a JK/SK program)

If yes, is there anything we should know concerning school, relationships, learning abilities, does the child have an E.A., are they in a special class, etc.?

ENROLLMENT STATUS

Effective date for changes: \_\_\_\_\_ (changes will be effective TWO WEEKS from the date the form is received in the SACC Office)

Table with 2 columns: CANCELLING ENROLLMENT and ADDING ENROLLMENT. Each column has options for Full Time and Part Time enrollment, and Days Cancelling/Adding.

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 received updates regarding your School Age Program, including Flyers, Surveys, as well as receipts for billing purposes. These will be collected on an annual basis. If you would like to receive these updates, please complete your email address above.



SCHOOL AGE CHILD CARE CHANGE OF STATUS FORM 2015 / 2016

METHOD OF PAYMENT

Please update my original payment information with the following payment information:

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 SACC 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 between August 14, 2015 at 12:00pm through the month of September 2015. Amendments for September must be made by August 15, 2015.

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. A \$35.00 will apply to all returned payments.

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 School Age 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.

The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.

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: \_\_\_\_/\_\_\_\_

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 received updates regarding your School Age Program, including Flyers, Surveys, as well as receipts for billing purposes. These will be collected on an annual basis. If you would like to receive these updates, please complete your email address above.