



# YMCA Before and After School Care Program Policies Agreement

As the account holder for the following child/ren registered in the program:

Name of Child: \_\_\_\_\_ School: \_\_\_\_\_ Monthly Plan: \_\_\_\_\_

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I hereby confirm that I have read and agree to the following terms and conditions:

1. I have read the Program Handbook and understand the policies and procedures and will abide by all of these as detailed in the Program Handbook. The most current Program Handbook is available on the YMCA of Saskatoon website, [www.ymcasaskatoon.org/programs/before-and-after-school-care](http://www.ymcasaskatoon.org/programs/before-and-after-school-care)
2. I understand that if I change my job, contact numbers, email, physical address, or financial information, I will inform the Program Director immediately and in writing.
3. I understand that if any information on my child's registration form changes (medical information, authorized pick-up, etc.), I will inform the Program Director immediately and in writing.
4. I understand that no refunds are given for days absent, statutory holidays or PD/staff in-service days.
5. I understand the YMCA of Saskatoon requires 15 days written notice before my next payment date to change or cancel my registration status.
6. I understand I will be charged a Late Pick Up fee of \$10 when picking up my child/ren after 6:00pm. I also understand that if parents/guardians/emergency contacts cannot be reached by 6:30pm, Social Services will be called for assistance.
7. I understand and commit to signing my child/ren in and out of the care of the YMCA Before and After School Care Program Leaders.
8. I understand and accept that in the event of non-payment of fees (NSF/Decline), and no payment plan has been made, a \$15 administration fee will be included in my repayment of such arrears.
9. I understand that the YMCA of Saskatoon reserves the right to refuse to provide care for any child the Program Director deems unmanageable or is a danger to self and/or others.

Name of Account Holder: \_\_\_\_\_  
(First Name) (Last Name)

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_