



# YMCA Before and After School Care Program Financial Assistance Application

School: \_\_\_\_\_

**Account Holder's Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to receive emails from the YMCA regarding my financial assistance application.

**Please list children attending the program:**

\_\_\_\_\_  
\_\_\_\_\_

**Monthly Plan:**

- Full Time
- Part Time
- Kindergarten
- Pre-K
- Drop-in

The YMCA of Saskatoon believes the principle that those who are able to pay for programs should do so, but the inability to pay should not be a barrier to participation. Through the generosity of our donors, we are able to provide financial assistance to those who are unable, not unwilling, to pay for programming.

Special circumstances that should be taken into consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_