



# LICENSED CHILD CARE REGISTRATION PACKAGE

## CHILD CARE PAYMENT AGREEMENT

Child Surname		Child First Name	
Payer Surname		Payer First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
<i>In accordance with Canada Revenue Agency guidelines, Child Care Tax Receipts will be issued in the name of the Payer.</i>			

## PAYMENT OPTIONS

Child Care payments may only be made by credit card only. At this time, our office and Health and Fitness Centres are not open for in person payment. All Child Care payments are withdrawn on the 1<sup>st</sup> of the month through Pre-Authorized Debit (PAD).

**Please do not fax, email or write down your credit card number. You will be contacted at the time of registration with instructions on providing your credit card information in a secure manner.**

## PRE-AUTHORIZED PAYMENT TERMS AND CONDITIONS

I hereby authorize the YMCA-YWCA of Vancouver Island (YMCA-YWCA) to deduct monthly child care fees from my credit card on the **first (1<sup>st</sup>) of each month**. If the funds are unavailable, the YMCA-YWCA will attempt to withdraw fees a second time (up to 30 days from original payment date). The YMCA-YWCA will not be responsible for any costs charged by my bank/financial institution. These services are for my personal purposes.

To make changes to your account information, ten (10) days notice is required, prior to the first (1<sup>st</sup>) of the month. If you wish to change the child care payer a new Payment Agreement must be completed.

It is the responsibility of the parent to ensure that the YMCA-YWCA of Vancouver Island has a current address. Online services are available to update your information and make payment for any outstanding child care fees.

My child care services may be cancelled if payment is not received for child care fees.

Child care fees are subject to annual increases, however, parent/guardians will be notified thirty (30) days in advance of any such increases. Any fee increases or changes will be adjusted accordingly.

I may revoke my authorization at any time, by providing written notice of 30 days. 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 inconsistent with this PAD Agreement. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement or more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

In the event I want to make changes to the program my child attends or to withdraw my child from the program, I agree to provide sixty (60) days notice. For example, to withdraw July 1<sup>st</sup>, written notice would be required on or before May 1<sup>st</sup>.

**Payer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if not payer):** \_\_\_\_\_ **Date:** \_\_\_\_\_