



**YMCA-YWCA  
Vancouver Island**

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**Fees and Enrollment Policy Sign Off**

I have read, understood and agree to follow the YMCA-YWCA Fees and Enrollment Policy.

Child Care Program Location: \_\_\_\_\_

Parent First and Last Name (Please Print Name): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Child's First and Last Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_