



PAYMENT

Good care educates.
Good education cares.

All fields on this form **MUST** be completed. Incomplete forms will not be processed.

Child's Last Name: _____ Child's First Name: _____ Birth Date (D/M/Y): ____/____/____ Gender (M/F): _____
 Centre: _____ Parent/Guardian: _____
 Sibling(s) in program? YES NO Name(s): _____

PROGRAM ENROLLMENT STATUS

| Infant* | Toddler | Preschool | Kindergarten FT (5 days/wk) School Age FT (5 days/wk) | Kindergarten PT (PT = Part Time, less than 5 days/wk. Please indicate days below.) | School Age PT |
|---|---------|-----------|--|---|---------------|
| Full Time, 5 days/wk | | | Please check one: AM PM BOTH | AM | PM |
| Part Time*, indicate days: M T W T F | | | | BOTH | |
| | | | | M T W T F | M T W T F |
| | | | | M T W T F | M T W T F |

*PT available for Toddler/Preschool only

SUBSIDIZED CHILD CARE ASSISTANCE

Are you receiving subsidized assistance through the City of Hamilton to assist you with child care fees? YES NO If yes, please indicate:
 Subsidy Worker Name: _____ Subsidy Expiry Date: _____ Daily Parental Contribution Amount: \$ _____

IMPORTANT INFO FOR SUBSIDIZED FAMILIES:

- Please contact your subsidy worker if you change your enrollment and remember to book an appointment to renew **AT LEAST two weeks ahead of your contract's expiry date.**
- If you become ineligible for subsidy, you immediately become responsible for full child care fees.
- You are **NOT** automatically enrolled for programs on non-instructional days. (e.g. P.A. Days, March Break, Summer Break, etc.). Please register separately with your child's centre.

PAYMENT METHOD

Pre-Authorized Payment (PAP)

Please complete the Pre-Authorized Payment section below. Fees will be automatically withdrawn from your financial institution on a bi-weekly basis according to the Fee Schedule.

Are you splitting payments between payors? YES NO If yes, please indicate:
 Name of Payor 1: _____ Name of Payor 2: _____
 % or amount being covered: _____ % or amount being covered: _____

YEARLY INCOME TAX RECEIPT

For parents who are in the same household and who are not splitting fees with another party (e.g. program fees are debited from separate bank accounts), we require that you choose **one name** for your tax receipt. Please indicate the name to appear on your yearly tax receipt:

Last Name: _____ First Name: _____

PRE-AUTHORIZED PAYMENT (PAP) AGREEMENT

In order to set up PAP, please attach a cheque marked "VOID" or submit an electronic document with your banking info.

- TERMS:**
- I/We authorize Umbrella Family and Child Centres of Hamilton to debit the account indicated above, on a bi-weekly basis for payment of Child Care services provided. The fees debited will match the Fee Schedule provided to you.
 - This authority is to remain in effect until Umbrella Family and Child Centres of Hamilton 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. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting www.cdnpay.ca
 - I/We understand that this PAP Agreement is classified as "Personal" for Child Care services.
 - I/We understand that the cancellation of the above authorization, does not mean cancellation of your payment obligations to Umbrella Family and Child Centres of Hamilton.
 - You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

NOTE: Should your banking information change, you **MUST** advise your Centre Supervisor immediately to arrange a new PAP Agreement so payments can continue uninterrupted.

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable): _____
 Name (please print): _____ Name (please print): _____
 Date: _____ Date: _____



PAYMENT POLICIES

Please read and initial each section, indicating you understand and will abide by each of the following policies.

COLLECTION OF FEES

- When a space is offered and accepted, parents are required to pay a **non-refundable** registration fee of \$50.00 per child.
- Fee Schedules are created by the Centre Supervisor and distributed to families.
- Fee payments must be made according to the current Fee Schedule.
- Fees are collected for statutory holidays/closures as noted in the Program Handbook and during times of absence due to illness, vacation or suspension.
- Fees are set by the Umbrella Board of Directors and are reviewed annually. If fees change for any reason, you will be notified at least four (4) weeks in advance.
- Tax receipts for fees will be issued once annually, no later than February 28th.

_____ Initials

CHILD CARE SUBSIDIES

- Some families qualify for child care subsidy through the City of Hamilton. Staff members working in the Child Care Branch of the City of Hamilton meet with families to determine eligibility for fee subsidy.
- Families receiving child care subsidy may be required to pay a user fee which is set by the City of Hamilton. Payments of this user fee to Umbrella are due on a bi-weekly basis in accordance with the Fee Schedule.
- Parents are required to pay for any absences not covered by subsidy (e.g. absences in excess of the allotted number of days established by the City, or sick days where appropriate documentation was not provided or was not acceptable).
- Parents are responsible for fulfilling all of the requirements of the subsidy contract necessary to maintain the subsidy.
- If parents become ineligible for subsidy or funding, they are responsible for paying the full cost of child care fees to the centre.
- You will need to register your Kindergarten or School Age child separately, through the child care centre, for programming on non-instructional days (e.g. PA Days, March Break, Summer Camp, etc.)

_____ Initials

PART TIME CARE

- A limited number of part-time spaces are available in each program. Whenever possible, Supervisors and Program Leaders will enroll children so that two children requiring part-time care share one spot in the program. Every effort will be made to accommodate your request but priority is given to full time care users.
- When Supervisors are not able to share a spot between two children, the parent will be responsible for paying for a minimum of three (3) days of care per week, despite their individual care requirements.
- Priority is given to full time care users for spots during the summer months or during non-instructional days (e.g. P.A. Days, March Break, etc.).

_____ Initials

LATE FEES

- It is essential that parents/guardians arrive before 6:00pm to pick up their children.
- When a parent knows they will not arrive at the centre by 6:00pm, they must make arrangements with a friend or family member to pick up their child(ren). Please keep the centre informed about any change in your plans.
- Should a parent/guardian arrive after 6:00pm, they will be charged a fee of \$5.00 per child, plus \$1.00 per child for each minute beyond the centre's closing time.
- The amount of the late fee will be billed to you by the Supervisor and must be paid within three (3) days.

_____ Initials

NON-SUFFICIENT FUNDS (NSF)

- A charge of \$45.00 will be applied for all PAPs returned NSF.
- Outstanding accounts must be paid in full on the next scheduled PAP date.

_____ Initials

ACCOUNTS IN ARREARS

If, due to extenuating circumstances, a family is unable to pay their fees on time, they must speak with the Supervisor immediately to discuss a plan of action. An account will be considered to be in arrears when any of the following occurs:

- PAP forms are not submitted to the supervisor by the due date.
- A PAP has been returned NSF.
- An NSF PAP has not been replaced within the three (3) day period.
- Failure to submit payment for absences not covered by subsidy.
- Failure to submit PAP banking information for contracted care, on the date of subsidy expiration, in a situation where subsidy has been discontinued and the parent has therefore become responsible for the fees.

_____ Initials

While Umbrella recognizes that, occasionally, a family may find it difficult to pay fees on time, please be aware that an account in arrears is unacceptable. Failure to keep your payments up-to-date may result in any of the following courses of action, depending on the situation:

- The child will not be re-admitted to the centre until the arrears have been settled.
- The Administrative Office will contact the family to make repayment arrangements.
- The account will be referred to Go Beyond Collections Agency.

EMERGENCY CLOSURE

- In the case of a centre closure including, but not limited to: snow storm, centre without heat/hydro, labour disruption, pandemic, etc. fees will be payable for all closures not exceeding two (2) consecutive business days.

_____ Initials

NOTICE OF WITHDRAWAL

- Parents are required to provide the Supervisor with two (2) weeks written notice of a child's withdrawal from the program. This excludes School Break programming. Should the family wish to register the same child at a later date, a non-refundable administration fee of \$25.00 will be applied.

_____ Initials

CHANGE IN ENROLLMENT STATUS

- Parents are required to provide the Supervisor with two (2) weeks written notice of a change to a child's program enrollment status.
- Should a family request more than three (3) changes of schedule within the time frame of January to June or July to December, a \$50.00 administrative fee will be changed to the parent/guardian.

_____ Initials

I have read the Payment Policies and agree to abide by them.

| | |
|--------------------------------------|--------------|
| Signature of Parent/Guardian: | Date: |
|--------------------------------------|--------------|