



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

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:

You will require Adobe Reader in order to fill out this form on-line. Please visit <https://get.adobe.com/reader/> to download reader free of charge.