

**COMMUNITY AND HUMAN SERVICES**

Children’s Services

Postal Bag 6300, 228 Church Street  
Belleville, Ontario K8N 5E2



**Morgan Donaldson, Supervisor**

Phone: 613.966.1311 ext. 2612

Fax: 613.966.6086

Toll Free: 1.800.267.0575

[beforeandafterprograms@hastingscounty.com](mailto:beforeandafterprograms@hastingscounty.com)

**Acknowledgement of Parent Policies,  
Procedures and Payment Policies 2024-2025 School Year**

The following policies are outlined and have been updated in the Hastings County Before and After School parent handbook. Please review the programs’ policies, procedures and over all expectations regarding your child’s care, well-being and participation in Hastings County Before and After School programs.

- Program commitment is 5 days a week each week, to secure your child’s space.
- Hastings County Children’s Services accepts the following payment:  
Automatic Monthly Bank Withdrawal (ACH) Only
- Payments will be Automatically withdrawn on the 25<sup>th</sup> of each month, or the next business day should it fall on the weekend. Hastings County bills 1 month ahead I.E. September care will be withdrawn on August 25<sup>th</sup>.
- Late payments will result in an NSF charge and may result in the suspension of your child care space.
- Any schedule changes require 2 weeks written notice, please provide this via email to [beforeandafterprograms@hastingscounty.com](mailto:beforeandafterprograms@hastingscounty.com). Changes that have not been received will result in your invoice reflecting the original agreed upon scheduling.

**By signing below, I understand and agree to Hastings County Before and After School Programs Parent Policies, Procedures, Payment Expectations, and contents of the Parent Handbook.**

**Entering your full name in the Signature field(s) below serves as signing the document.**

\_\_\_\_\_  
Family Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren) Name(s)

\_\_\_\_\_  
School