



2023 PART DAY CHILD CARE REGISTRATION FORM

www.ymcaofmews.org/childcare

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION

Program Start Date: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____ Sex: ☐ M ☐ F ☐ Other

Street Address: _____

City, State: _____ Zip Code: _____

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian #1

Name: _____ Sex: ☐ M ☐ F ☐ Other

(C): (____) _____ Company: _____

(W): (____) _____ Job Title: _____

Email: _____

Parent/Guardian #2

Name: _____ Sex: ☐ M ☐ F ☐ Other

(C): (____) _____ Company: _____

(W): (____) _____ Job Title: _____

Email: _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

In addition to the parent(s)/guardian(s) who have signed below, the following people listed below are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

(TWO NAMES REQUIRED BY NJ STATE LAW)

Name: _____

Cell: (____) _____ Relationship to Child _____

Name: _____

Cell: (____) _____ Relationship to Child _____

FEES

- Pay by credit card/check to YMCA by the last Monday of the month prior to the 1st (i.e. May tuition is due by April 24th). Tuition will be based on a weekly amount multiplied by the number of weeks in the month.
- Weekly credit card payment will incur a \$3 transaction fee. There will be no charge for EFT transfers, check or monthly credit card payments.
- Any changes to your child's schedule must be requested no less than one week prior to a change. Any changes may be subject to a \$10 change fee.
- A 3% discount will be applied to your payment if you have a current Family Membership to the Community Campus.
- A 10% sibling discount will be applied to children simultaneously enrolled in 5-day SACC, KED, or Child Care at any YMCA Child Care Program within the YMCA of MEWSA.

Parent Signature _____

Date _____

PARENTS ARE REQUIRED TO KEEP INFORMATION CURRENT BY CONTACTING THE DIRECTOR WITH ANY CHANGES.

PAYMENT OPTIONS

☐ Please automatically charge my credit card on file when payments are due. _____

INITIAL

☐ I/We would like to help another family in need of child care with a monthly donation that can be canceled or changed at any time. Donation will be charged on the 1st of the month.

\$40 \$25 \$10 \$5 \$_____

TUITION RATES

*FEES EFFECTIVE 1/1/2023

INFANT (6 weeks 18 months)

8:00am 12:00pm

- ☐ 5 days per week \$235.00/wk
- ☐ 4 days per week \$205.00/wk
- ☐ 3 days per week \$170.00/wk
- ☐ 2 days per week \$130.00/wk

TODDLER (18 months 3 years)

8:00am 12:00pm

- ☐ 5 days per week \$210.00/wk
- ☐ 4 days per week \$185.00/wk
- ☐ 3 days per week \$150.00/wk
- ☐ 2 days per week \$110.00/wk

PRESCHOOL (3 years 4 years)

9:00am 3:00pm

- ☐ 5 days per week \$215.00/wk
- ☐ 4 days per week \$185.00/wk
- ☐ 3 days per week \$160.00/wk

PRE K (4 years 5 years)

9:00am 3:00pm

- ☐ 5 days per week \$210.00/wk
- ☐ 4 days per week \$180.00/wk
- ☐ 3 days per week \$150.00/wk
- ☐ 2 days per week \$105.00/wk

If Part Time,

Please Check Appropriate Day(s):

- ☐ Monday ☐ Thursday
- ☐ Tuesday ☐ Friday
- ☐ Wednesday