

2020 FULL DAY CHILD CARE REGISTRATION

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

INITIAL

HILD'S INFORMATION		TUITION RATES 7:00AM-6:30PM	
Child's Name:		*FEES EFFECTIVE 1/1/20	20-12/31/2020*
Date of Birth:/	rogram Start Date:		
Street Address:		INFAN	IT
City:	Zip Code:	□5 days per week	\$330/wk
		□4 days per week □3 days per week	\$290/wk \$230/wk
PARENT/GUARDIAN'S INFORMATION		2 days per week	\$160/wk
5 1/5 1/1/11	,	TODDL	ER
Parent/Guardian #1 Name:		□5 days per week	\$310/wk
(C): (Company :		☐4 days per week	\$275/wk
(W): (Job Title:		□3 days per week	\$215/wk
Email:		☐2 days per week	\$150/wk
Parent/Guardian #2 Name: Sex		PRESCHOOL	
(C): Company :		□5 days per week	\$270/wk
		☐4 days per week	\$240/wk
(W): (Job Title:		□3 days per week	\$190/wk
Email:		□2 days per week	\$130/wk
		PRE-	K
EMERGENCY CONTACTS & PICK-UP A	UTHORIZATION	□5 days per week	\$255/wk
	and below the falls do not all	□4 days per week	\$225/wk
In addition to the parent(s)/guardian(s) who have si listed below are authorized to pick up the child or to		3 days per week	\$175/wk
emergency if neither parent is available to assume r (2 NAMES REQUIRED BY NJ STATE LAW)		□2 days per week	\$125/wk
Name:		<u>If Part-Time,</u> Please Check Appropriate Day(s):	
Cell: (Relationship	to Child	Monday	Thursday
		☐ Tuesday	☐ Friday
Name:		☐ Wednesday	,
Cell: (Relationship	to Child		
	FEES		
Pay by credit card/check to YMCA by the 15 ^t		due by Aug. 15th)	
 Payments made after the 15th of the month p 		,g ,	
 A 10% sibling discount will be applied to child 	dren simultaneously enrolled in FULL TIME SA	CC, KED, or Child Care at the	Learning Center.
• I understand that <u>no</u> fee allowances are made	e for occasional absences, vacations, or emer	gency closings.	
Parent Signature	ignature Date		
PARENTS ARE REQUIRED TO KEEP THIS INF	ORMATION CURRENT BY CONTACTING T	HE LEARNING CENTER WI	TH CHANGES.
	EZ DAV ODTIONI		
	EZ PAY OPTION		
☐ Please charge my credit of	ard on file automatically when payme	ents are due	