

## 2024 STAY, PLAY AND LEARN REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION	
Program Start Date:	TUITION RATES
Name:	9:00AM 11:00AM
Date of Birth:/	Sex: M F Other *FEES EFFECTIVE 1/1/2024
Street Address:	6/28/2024
City, State:Zip Co	TODDLER (20 months 3 years)
PARENT/GUARDIAN'S INFORMATION  Parent/Guardian #1	Monday, Wednesday, and Fridays
Name:	Sau M F Other
Name:	Members, \$200
(C): () Company	the control of the co
(W): ( Job Title:	Program Members \$300
Email:	
Етан:	
Parent/Guardian #2	
Name:	Sex:M FOther
(C): () Company :	
(W): () Job Title:	<del></del>
Email:	
EMERGENCY CONTACTS & PICK-UP AUTHORIZA	TION
In addition to the parent(s)/guardian(s) who have signed below child or to be contacted in case of an emergency if neither pare (TWO NAMES REQUIRED BY NJ STATE LAW)  Name:	
Cell: () Relationship	sta Child
Cell. (	to child
Name:	<del></del>
Cell: () Relationship	to Child
Pay by credit card/check to <b>YMCA</b> by the Monday of the month polynomial.	
Any late payments may be subject to a \$20.00 late fee.	
<ul> <li>Any changes to your child's schedule must be requested no les change fee.</li> </ul>	s than one week prior to a change. Any changes may be subject to a \$10
	ss of absences, vacations, or emergency closings to ensure their spot in the etermined on a case by case basis and are subject to approval
Parent Signature	Date
	URRENT BY CONTACTING THE CENTER WITH ANY CHANGES.
TARLETS AND ADDRESS OF THE STATE OF THE STAT	onner of continents the centre of the centre
РАҮМ	ENT OPTIONS
Please automatically charge my credit card on file when payments are due.	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.