



YMCA of Metuchen, Edison, Woodbridge and South Amboy Perth Amboy Sites

Early Learning Registration Form

Please Print Clearly:

Child's Name _____ Date of Birth ___/___/___ Sex ___M ___F
Child resides with: Mom, Dad, both parents, other _____

Child's Street Address _____

City _____ Zip _____

Phone Number (H)(____) _____ Email _____

Parent #1 Name _____

Phone Number (H)(____) _____ (W)(____) _____

Company Name _____ Cell Number(____) _____

Job Title _____

Email _____

Address (if different from child's) _____

Parent #2 Name _____

Phone Number (H)(____) _____ (W) (____) _____

Company Name _____ Cell Number (____) _____

Job Title _____

Email _____

Address (if different from child's) _____

Emergency Contacts & Pick-Up Authorization

In addition to the parent(s) who have signed below, the following person(s) 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. **(NJ State Law requires two emergency contacts.)**

Name _____

Day Phone(____) _____ Cell (____) _____

Relationship to Child _____

Name _____

Day Phone(____) _____ Cell (____) _____

Relationship to Child _____

FEES (Effective 7/01/21)

- Fees are paid by cash, check, money order, or credit card to **YMCA of MEWSA** by the Monday of the week prior (i.e. week of July 13th payment will be due by July 6th). Credit card draft is available. Cards are drafted on the Monday of the week prior. Please contact the office to set up automatic credit card draft.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled who are paying in full (not receiving subsidy from the state).
- Tuition payments are non-refundable. I understand that **no** fee allowances are made for occasional absences, vacations, or emergency closings. Your weekly tuition fee is based on a yearly tuition rate that takes into consideration all closure days.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.

Parent Signature _____ **Date** _____

EZ PAY (optional)

As the parent of _____, I authorize you to charge my credit card whenever tuition is due. _____
(Initial)

PLEASE SELECT PROGRAM:

Grace Early Learning Center
600 New Brunswick Avenue
732-442-4199
GraceCCC@ymcaofmewsa.org

Harborview Early Learning Center
45 Market Street
732-442-7190
HarborviewCCC@ymcaofmewsa.org

PLEASE SELECT RATE PLAN

Toddler Program
1 year-2.5 years
7:30m-5:30pm
5 days \$280 per week

Preschool Program
2.5 years-3 years
7:30m-5:30pm
5 days \$250 per week

*part time rates are available

Parents are required to keep this information current by contacting the Center with changes.