



2023 CHILD CARE REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

www.ymcaofmews.org/childcare

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 Monday of the week prior (i.e. week of March 6th tuition is due by February 27th)
- Any late payments may be subject to a \$20.00 late fee.
- 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 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.
- I understand that I must pay weekly tuition for my child regardless of absences, vacations, or emergency closings to ensure their spot in the program. Weekly rates are based on a program year. Credits are determined on a case by case basis and are subject to approval.

Parent Signature _____ Date _____

PARENTS ARE REQUIRED TO KEEP INFORMATION CURRENT BY CONTACTING THE CENTER 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.

Please choose: Weekly Payment OR Monthly Payment \$40 \$25 \$10 \$5 \$_____

PLEASE SELECT PROGRAM:

Grace Early Learning Center

Serving children 1 -5 years
Open 7:30am - 5:30pm; M-F
600 New Brunswick Avenue
732-442-4199

Harborview Early Learning Center

Serving children 21 mos. - 5 years
Open 7:00am - :30 pm; M-F
45 Market Street
732-442-7190

PLEASE SELECT RATE PLAN

Infant Program

(Grace ELC, ONLY)

1 year-18 months
\$310 Weekly

Toddler Program

1 year-2.5 years
\$280 Weekly

Preschool Program

2.5 years-5 years
\$250 Weekly

FEES EFFECTIVE 1/1/23-6/30/23