



# 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 6<sup>th</sup> tuition is due by February 27<sup>th</sup>)
- 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 7:30 am—5:30 pm M-F  
600 New Brunswick Avenue  
732-442-4199

### Harborview Early Learning Center

Serving children 21 mos. - 5 years  
Open 7:00 am—5:30 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 1/1/2023- 6/30/2023\***