

## 2020 PART DAY CHILD CARE REGISTRATION

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

INITIAL

CHILD'S INFORMATION	LD'S INFORMATION		TUITION RATES	
Child's Name:	Sex	*FEES EFFECTIVE 1/1/202	20 12/31/2020 <b>*</b>	
Date of Birth:/ Program Start Date:				
Street Address:		INFANT (8:00AM 12:00PM)		
City: Zip Code:		(8:00AM 12:00	\$220/wk	
City: Zip Code:		4 days per week	\$190/wk	
		☐3 days per week	\$165/wk	
PARENT/GUARDIAN'S INFORMATION		☐2 days per week	\$120/wk	
		TODDLE		
Parent/Guardian #1 Name:	Sex	(8:00AM 12:00 ☐ 5 days per week	\$200/wk	
(C): ( Company :		☐4 days per week	\$175/wk	
(W): ( Job Title:		☐3 days per week	\$150/wk	
		☐2 days per week	\$100/wk	
Parent/Guardian #2 Name:		PRESCHOOL		
		(9:00AM 3:00		
(C): ( Company :		☐ 5 days per week	\$205/wk	
(W): ( Job Title:		□4 days per week □3 days per week	\$175/wk \$150/wk	
Email:		2 days per week	\$130/wk \$110/wk	
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.		(9:00AM 3:00 ☐ 5 days per week ☐ 4 days per week ☐ 3 days per week	\$190/wk \$165/wk \$140/wk	
(2 NAMES REQUIRED BY NJ STATE LAW)	ine cinia.	☐2 days per week	\$100/wk	
Name:		If Part Time, Please Check Appropriate Day(s)		
Cell: ( Relationship to Child Name:		Monday Tuesday Wednesday	Thursday Friday	
Cell: ( Relationship to Child				
<ul> <li>Pay by credit card/check to YMCA by the Monday of the week</li> <li>Payments made after the Monday of the week prior may be su</li> <li>A 10% sibling discount will be applied to children simultaneous</li> <li>A 3% discount will be applied to your payment if you have a cu</li> <li>I understand that <u>no</u> fee allowances are made for occasional a based on a yearly tuition rate that takes into consideration all</li> </ul>	bject to a \$20.00 late fee. sly enrolled in FULL TIME SA urrent Family Membership to bsences, vacations, or emerg	the Community Campus.	_	
Parent Signature		Date		
DADENTS ADE DECLIDED TO KEED THIS INFORMATION CLIE			TH CHANGES	

Please charge my credit card on file automatically when payments are due.

**EZ PAY OPTION**