2022 FULL DAY CHILD CARE REGISTRATION

CHILD'S INFORMATION

Child's Name: _____ Sex ☐M ☐F ☐Other

Date of Birth: _____/_____/_____ Program Start Date: _____

Street Address: _____

City: _____ 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.
(2 NAMES REQUIRED BY NJ STATE LAW)

Name: _____

Cell: (_____) _____ Relationship to Child _____

Name: _____

Cell: (_____) _____ Relationship to Child _____

TUITION RATES
7:00AM 6:30PM

*FEES EFFECTIVE 1/1/2022 12/31/2022

INFANT

☐ 5 days per week	$330/wk
☐ 4 days per week	$295/wk
☐ 3 days per week	$255/wk
☐ 2 days per week	$185/wk

TODDLER

☐ 5 days per week	$310/wk
☐ 4 days per week	$275/wk
☐ 3 days per week	$235/wk
☐ 2 days per week	$160/wk

PRESCHOOL

☐ 5 days per week	$270/wk
☐ 4 days per week	$230/wk
☐ 3 days per week	$200/wk
☐ 2 days per week	$145/wk

PRE K

☐ 5 days per week	$255/wk
☐ 4 days per week	$220/wk
☐ 3 days per week	$185/wk
☐ 2 days per week	$135/wk

FEES

- Pay by credit card/check to YMCA by the Monday of the week prior (e.g. March 1st tuition is due by February 22nd). Any late payments may be subject to a $20.00 late fee.

- A 3% discount will be applied to your payment if you have a current Family Membership to the Community Campus.

- 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 THIS INFORMATION CURRENT BY CONTACTING THE DIRECTOR WITH CHANGES.

EZ PAY OPTION

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