



# 2020 FULL DAY CHILD CARE REGISTRATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 \_\_\_\_\_

## FEES

- Pay by credit card/check to **YMCA** by the Monday of the week prior.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.
- A 10% sibling discount will be applied to children simultaneously enrolled in FULL TIME SACC, KED, or Child Care at the Learning Center.
- A 3% discount will be applied to your payment if you have a current Family Membership to the Community Campus.
- 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.

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

## TUITION RATES 8:00AM 5:00PM

\*FEES EFFECTIVE 1/1/2020 12/31/2020

### INFANT

- 5 days per week \$330/wk
- 3 days per week (M,W,F) \$255/wk
- 2 days per week (T,R) \$185/wk

### TODDLER

- 5 days per week \$310/wk
- 3 days per week (M,W,F) \$235/wk
- 2 days per week (T,R) \$160/wk

### PRESCHOOL

- 5 days per week \$270/wk
- 3 days per week (M,W,F) \$200/wk
- 2 days per week (T,R) \$145/wk

### PRE K

- 5 days per week \$255/wk
- 3 days per week (M,W,F) \$185/wk
- 2 days per week (T,R) \$135/wk



# 2020 PART DAY CHILD CARE REGISTRATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 \_\_\_\_\_

## FEES

- Pay by credit card/check to **YMCA** by the Monday of the week prior.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.
- A 10% sibling discount will be applied to children simultaneously enrolled in FULL TIME SACC, KED, or Child Care at the Learning Center.
- A 3% discount will be applied to your payment if you have a current Family Membership to the Community Campus.
- 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.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

PARENTS ARE REQUIRED TO KEEP THIS INFORMATION CURRENT BY CONTACTING THE LEARNING CENTER WITH CHANGES.

## EZ PAY OPTION

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

## TUITION RATES

\*FEES EFFECTIVE 1/1/2020 12/31/2020\*

### INFANT

(8:00AM 12:00PM)

- 5 days per week \$220/wk
- 4 days per week \$190/wk
- 3 days per week \$165/wk
- 2 days per week \$120/wk

### TODDLER

(8:00AM 12:00PM)

- 5 days per week \$200/wk
- 4 days per week \$175/wk
- 3 days per week \$150/wk
- 2 days per week \$100/wk

### PRESCHOOL

(9:00AM 3:00PM)

- 5 days per week \$205/wk
- 4 days per week \$175/wk
- 3 days per week \$150/wk
- 2 days per week \$110/wk

### PRE K

(9:00AM 3:00PM)

- 5 days per week \$190/wk
- 4 days per week \$165/wk
- 3 days per week \$140/wk
- 2 days per week \$100/wk

### If Part Time,

Please Check Appropriate Day(s):

- Monday  Thursday
- Tuesday  Friday
- Wednesday