



# YMCA of Metuchen, Edison, Woodbridge and South Amboy Perth Amboy Sites

## Early Learning Registration Form

**Please Print Clearly:**

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_M \_\_\_F  
Child resides with: Mom, Dad, both parents, other

Child's Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (H)(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Parent #1 Name** \_\_\_\_\_

Phone Number (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Number(\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

**Parent #2 Name** \_\_\_\_\_

Phone Number (H)(\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

**Emergency Contacts & Pick-Up Authorization**

In addition to the parent(s) who have signed below, the following person(s) 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. **(NJ State Law requires two emergency contacts.)**

Name \_\_\_\_\_

Day Phone(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Day Phone(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**FEES (Effective 7/01/21)**

- Fees are paid by cash, check, money order, or credit card to **YMCA of MEWSA** by the Monday of the week prior (i.e. week of July 13th payment will be due by July 6th). Credit card draft is available. Cards are drafted on the Monday of the week prior. Please contact the office to set up automatic credit card draft.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled who are paying in full (not receiving subsidy from the state).
- Tuition payments are non-refundable. 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.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EZ PAY (optional)**

As the parent of \_\_\_\_\_, I authorize you to charge my credit card whenever tuition is due. \_\_\_\_\_  
(Initial)

**PLEASE SELECT PROGRAM:**

**Grace Early Learning Center**  
600 New Brunswick Avenue  
732-442-4199  
GraceCCC@ymcaofmews.org

**Harborview Early Learning Center**  
45 Market Street  
732-442-7190  
HarborviewCCC@ymcaofmews.org

**PLEASE SELECT RATE PLAN**

**Infant Program**  
1 year– 18 months  
7:30m–5:30pm  
5 days \$310 per week

**Toddler Program**  
18 months–2.5 years  
7:30m–5:30pm  
5 days \$280 per week

**Preschool Program**  
2.5 years–3 years  
7:30m–5:30pm  
5 days \$250 per week

**Parents are required to keep this information current by contacting the Center with changes.**