



2024 PART DAY CHILD CARE REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION

Program Start Date: _____ / _____ / _____

Name: _____

Date of Birth: _____ / _____ / _____ Optional: Gender _____ Pronouns _____

Street Address: _____

City, State: _____ Zip Code: _____

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian #1

Name: _____ Optional: Gender _____ Pronouns _____

(C): (_____) _____ Company: _____

(W): (_____) _____ Job Title: _____

Email: _____

Parent/Guardian #2

Name: _____ Optional: Gender _____ Pronouns _____

(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 15th of the month prior to service (i.e. February tuition is due by January 15th).
- Weekly credit card payment will incur a \$3 transaction fee. There will be no charge for check or monthly credit card payments.
- A 3% discount will be applied to your payment if you have a current Family Membership to the Community Campus.
- 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.

Parent Signature _____

Date _____

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

Please automatically charge my preferred method of payment on file when payments are due. _____
INITIAL HERE

PAYMENT OPTIONS

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.

TUITION RATES

*FEES EFFECTIVE 1/1/2024-12/31/2024

INFANT (6 weeks-18 months)

8:00am-12:00pm

- 5 days per week \$250.00/wk
- 4 days per week \$218.00/wk
- 3 days per week \$182.00/wk
- 2 days per week \$140.00/wk

TODDLER (18 months-3 years)

8:00am-12:00pm

- 5 days per week \$224.00/wk
- 4 days per week \$197.00/wk
- 3 days per week \$161.00/wk
- 2 days per week \$119.00/wk

PRESCHOOL (3 years-4 years)

9:00am-3:00pm

- 5 days per week \$227.00/wk
- 4 days per week \$196.00/wk
- 3 days per week \$171.00/wk
- 2 days per week \$124.00/wk

PRE-K (4 years-5 years)

9:00am-3:00pm

- 5 days per week \$220.00/wk
- 4 days per week \$188.00/wk
- 3 days per week \$161.00/wk
- 2 days per week \$117.00/wk

If Part-Time,

Please Check Appropriate Day(s):

- Monday Thursday
- Tuesday Friday
- Wednesday