



2026 CHILD CARE REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

www.ymcaofmews.org/childcare

CHILD'S INFORMATION

Program Start Date: ____/____/____

Name: _____

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

Street Address: _____

City, State: _____ Zip Code: _____

PARENT/GUARDIAN'S INFORMATION

Name #1: _____ Optional: Gender ____ Pronouns ____

(C): (____) _____ Company: _____

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

Email: _____

Name #2: _____ 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).
- There is a 3% service fee on all credit card transactions. There will be no charge for EFT transfers, debit cards, or check payments.
- Late payments will be subject to a \$20.00 late fee.
- There is a late-up fee of \$20.00 for the first 10 minutes, plus an additional \$2.00 per minute after that.
- Any changes to your child's schedule must be requested no less than two weeks prior to a change. Any changes may be subject to a \$10 change fee.
- 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.

Parent Signature _____ Date _____

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

PAYMENT OPTIONS

☐

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

INITIAL HERE

☐

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.

DO NOT SEND BILLING INFORMATION ELECTRONICALLY

\$40 \$25 \$10 \$5 \$ _____

TUITION RATES

7:00AM-6:00PM

FEES EFFECTIVE 1/1/2026-12/31/2026

PRESCHOOL FT (7:00 am-6:00pm)

- | | |
|--|---------------|
| <input type="checkbox"/> 5 days per week | \$290.00/wkly |
| <input type="checkbox"/> 3 days per week | \$211.00/wkly |
| <input type="checkbox"/> 2 days per week | \$156.00/wkly |

PRESCHOOL PT (8:30am-12:30pm)

- | | |
|--|---------------|
| <input type="checkbox"/> 5 days per week | \$190.00/wkly |
| <input type="checkbox"/> 3 days per week | \$145.00/wkly |
| <input type="checkbox"/> 2 days per week | \$116.00/wkly |

If Part-Time,

Please Check Appropriate Day(s):

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |