



Preschool 2024-2025 METUCHEN Y CHILD CARE REGISTRATION FORM

www.ymcaofmewsa.org/childcare

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION

Program Start Date: _____ / _____ / _____

Name: _____

Date of Birth: _____ / _____ / _____ My Child Identifies As: _____

Street Address: _____

City, State: _____ Zip Code: _____

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian #1

Name: _____

(C): (_____) _____ Company: _____

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

Email: _____

Parent/Guardian #2

Name: _____

(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 _____

FEEES

- Pay by credit card/check to YMCA by the 15th of the month prior (ie. September payment will be due by August 15th). Tuition will be based on a weekly amount multiplied by the number of weeks in the month. 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.
- A 3% discount will be applied to your payment if you have a current Family Membership to the Metuchen YMCA.
- 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. 10% discount will be applied to the combined total.
- I understand that I must pay monthly tuition for my child regardless of absences, vacations, or emergency closings to ensure their spot in the program. Monthly 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 INFORMATION CURRENT BY CONTACTING THE DIRECTOR WITH ANY CHANGES.

PAYMENT OPTIONS

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

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.

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

TUITION RATES

8:30AM-4:00pm*

*Please only choose one option, either half day or full day.

PRESCHOOL HALF DAY (2.5-5YEARS)

- 5 days per week \$795.00/M
- 4 days per week \$680.00/M
- 3 days per week \$568.00/M
- 2 days per week \$455.00/M

PRESCHOOL FULL DAY (2.5-5 YEARS)

- 5 days per week \$1275.00/M
- 4 days per week \$1030.00/M
- 3 days per week \$770.00/M
- 2 days per week \$685.00/M

Non members and program members are required to pay a one time registration fee of \$60 at the time of registration. *Initial*

If Part-Time,

Please Check Appropriate Day(s):

- Monday Thursday
- Tuesday Friday
- Wednesday