

2022 FULL DAY CHILD CARE REGISTRATION FORM

www.ymcaofmewsa.org/childcare

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION Program Start Date: _	////	TUITION RATES 7:00 AM 5:30 PM		
Name:				
Date of Birth://	Sex: ☐M ☐F ☐Other	*FEES EFFECTIVE 1/1/2		
Street Address:		INFA □5 days per week	N I \$330.00/wk	
City, State: Zip C		□4 days per week	\$295.00/wk	
		□3 days per week	\$255.00/wk	
PARENT/GUARDIAN'S INFORMATION		□2 days per week	\$190.00/wk	
Parent/Guardian #1		TODD	LER	
Name:	Sex: \square M \square F \square Other	□5 days per week	\$310.00/wk	
(C): () Company :		□4 days per week	\$275.00/wk	
(W): (Job Title:		□3 days per week	\$235.00/wk	
Email:		□2 days per week	\$160.00/wk	
Parent/Guardian #2			PRESCHOOL	
Name:	Sex: \square M \square F \square Other	□5 days per week	\$270.00/wk	
(C): (Company :		□4 days per week	\$235.00/wk	
(W): (Job Title:		□3 days per week	\$200.00/wk	
Email:		□2 days per week	\$145.00/wk	
EMERGENCY CONTACTS & PICK-UP AUTHORIZAT	TION	PRE	K	
		□5 days per week	\$260.00/wk	
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		□4 days per week	\$225.00/wk	
neither parent is available to assume responsibility for the child. (TWO NAMES REQUIRED BY NJ STATE LAW)	- ,	□3 days per week	\$190.00/wk	
Name:		□2 days per week	\$140.00/wk	
() Relationship to Child		<u>If Part Time,</u> Please Check Appropriate Day(s):		
Name:		☐ Monday	☐ Thursday	
Cell: (Relationship to Child		☐ Tuesday	☐ Friday	
	FEES	☐ Wednesday		
 Pay by credit card/check to YMCA by the Monday of the w Payments made after the Monday of the week prior may b A 10% sibling discount will be applied to the combined tot I understand that no fee allowances are made for occasion based on a yearly tuition rate that takes into consideration 	e subject to a \$20.00 late fee al payment of siblings enrolled nal absences, vacations, or em	d in only full time programs	i.	
Parent Signature		Date		
PARENTS ARE REQUIRED TO KEEP THIS INFORMATION	I CURRENT BY CONTACTIN	G THE CENTER WITH AN	Y CHANGES.	
F7 D	AY OPTION			
<u> </u>				
Please automatically charge my credit card on file when payments are due INITIAL				