

2022 FULL DAY CHILD CARE REGISTRATION FORM

www.ymcaofmewsa.org/childcare

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION **TUITION RATES** 7:00AM-5:30PM Name: _____ *FEES EFFECTIVE 1/1/2022-12/31/2022* INFANT Street Address: ____ 5 days per week \$330.00/wk City, State: 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 **TODDLER** Name: ______ Sex: M F 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** 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 2 days per week \$145.00/wk PRE K **EMERGENCY CONTACTS & PICK-UP AUTHORIZATION** 5 days per week \$260.00/wk In addition to the parent(s)/quardian(s) who have signed below, the following people listed 4 days per week \$225.00/wk 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. 3 days per week \$190.00/wk (TWO NAMES REQUIRED BY NJ STATE LAW) 2 days per week \$140.00/wk Name: ______ ______ Relationship to Child ______ If Part Time, Please Check Appropriate Day(s): Monday Thursday ___ Tuesday Friday Cell: (Relationship to Child Wednesday **FEES** Pay by credit card/check to YMCA by the Monday of the week prior (i.e. week of March 7th tuition is due by February 28th) Any late payments may be subject to a \$20.00 late 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. I understand that I must pay weekly tuition for my child regardless of absences, vacations, or emergency closings to ensure their spot in the program. Weekly 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 REOUIRED TO KEEP THIS INFORMATION CURRENT BY CONTACTING THE CENTER WITH ANY CHANGES.* **EZ PAY OPTION** Please automatically charge my credit card on file when payments are due. ___