



2025-2026 TRANSITIONAL KINDERGARTEN REGISTRATION FORM

www.ymcaofmewsa.org/childcare

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION

Child's Start Date: _____ / _____ / _____

Name: _____

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

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 _____

FEES

- Pay by credit card/check to YMCA by the 15th of the month prior (i.e. September's tuition payment will be due by August 15th).
- 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.
- Tuition payments are NON-REFUNDABLE.
- A \$100 non-refundable registration fee and 50% non-refundable deposit will be collected at the time of registration and applied to June 2026 tuition.
- If you are late to pick up your child, the following fee applies: \$20 for the first 10 minutes, then \$2 per minute thereafter.
- **DISCLAIMER: If the class does not have high enough enrollment by July 1, 2025 the class may be canceled, and your deposit will be refunded.**

Parent Signature _____ Date _____

PARENTS ARE REQUIRED TO KEEP THIS INFORMATION CURRENT BY CONTACTING THE CENTER 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

FIRST DAY OF SCHOOL: 9/3/2025

☐

**FULL DAY
TRANSITIONAL
KINDERGARTEN**
9:00am-3:00pm
\$900.00/month

☐

**TRANSITIONAL
KINDERGARTEN
w/ BEFORE CARE**
7:00am-3:00pm
\$1010.00/month

☐

**TRANSITIONAL
KINDERGARTEN
w/ AFTER CARE**
9:00am-6:00pm
\$1050.00/month

☐

**TRANSITIONAL
KINDERGARTEN
w/ BEFORE &
AFTER CARE**
7:00am-6:00pm
\$1090.00/month