

2025 CHILD CARE REGISTRATION FORM

FOR YOUTH DEVELOPMENT® **FOR HEALTHY LIVING** FOR SOCIAL RESPONSIBILITY

www.ymcaofmewsa.org/childcare

CHILD'S INFORMATION Program Start Date:/	TUITION RATES
Name:	7:00AM-6:00PM
Date of Birth:// Optional: Gender Pronouns	*FFFF FFFFCTIVE 1/1/202F 12/21/202F*
	
Street Address:	
City, State: Zip Code:	TRESCITO DE LI (7.00 anii-0.00 pinj
PARENT/GUARDIAN'S INFORMATION	5 days per week \$280.00/wkly 3days per week \$203.00/wkly
Name #1:Optional: Gender Pronouns	Zdays per week \$150.00/wkly
(C): () Company:	
(W): () Job Title:	PRESCUON PERSON
Email:	PRESCHOOL PT (8:30-12:30p)
	5 days per week \$182.00/wkly 3 days per week \$139.00/wkly
Name #2:Optional: Gender Pronouns	2 days per week \$112.00/wkly
(C): () Company :	
(W): (Job Title:	
Email:	16 P. A. T. W.
	<u>If Part-Time,</u> Please Check Appropriate Day(s) :
EMERGENCY CONTACTS & PICK-UP AUTHORIZATION	Monday Thursday
EMERGENCI CONTACTS OF ACTION ZATION	Tuesday Friday
In addition to the parent(s)/guardian(s) who have signed below, the following people listed b thorized to pick up the child or to be contacted in case of an emergency if neither parent is av assume responsibility for the child. TWO NAMES REQUIRED BY NJ STATE LAW) Name:	
Cell: (Relationship to Child	_
Name:	<u> </u>
Cell: () Relationship to Child	_
FEES	
 Pay by credit card/check to YMCA by the 15th of the month prior to service (i.e. Febru Weekly credit card payment will incur a \$3 transaction fee. There will be no charge f 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 A 10% sibling discount will be applied to children simultaneously enrolled in 5-day SyYMCA of MEWSA. 	or EFT transfers, check or monthly credit card payments. to a change. Any changes may be subject to a \$10 change fee.
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	I like to help another family in need of child re with a monthly donation that can be canceled or changed at any time. Donation will be charged on the 1st of
DO NOT SEND BILLING INFORMATION ELECTRONICALLY	the month. \$40 \$25 \$10 \$5 \$