



2025 FULL DAY PRESCHOOL REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION

Program Start Date: _____/_____/_____

Name: _____

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

Street Address: _____

City, State: _____ Zip Code: _____

PARENT/GUARDIAN'S INFORMATION

Name #1: _____ Optional: Gender _____ Pronouns _____

(C): (_____) _____ Company: _____

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

Email: _____

Name #2: _____ Optional: Gender _____ Pronouns _____

(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 _____

Parent Signature _____ Date _____

PARENTS ARE REQUIRED TO KEEP INFORMATION CURRENT BY CONTACTING THE CENTER WITH ANY CHANGES.

TUITION RATES

9:00AM-3:30PM

FEES EFFECTIVE 1/1/2025-12/31/2025

PRESCHOOL (2 ½ years-4 years)

- | | |
|--|-------------|
| <input type="checkbox"/> 5 days per week | \$295.00/wk |
| <input type="checkbox"/> 4 days per week | \$268.00/wk |
| <input type="checkbox"/> 3 days per week | \$231.00/wk |
| <input type="checkbox"/> 2 days per week | \$166.00/wk |

FEES

If part-time check the appropriate days:

- ☐ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday

- Pay by credit card/check to **YMCA** by the 15th of the month prior to service (i.e. February tuition is due by January 15th).
- All credit card payments will incur a 3% transaction fee. There will be no charge for check or EFT payments.
- 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 10% sibling discount will be applied to children simultaneously enrolled in 5-day SACC or Child Care at any YMCA

PAYMENT OPTIONS

☐ Please automatically charge my preferred method of payment on file when payments are due. _____

☐ I/We would like to help another family in need of child care with a monthly donation that can be canceled or