

# Carlstadt BEFORE AND AFTER SCHOOL CARE



## YOUR CHILD WILL LEARN AND GROW THROUGH...

Activity Time  
Snacks

STEAM Projects  
Free Time

Homework  
Assistance

## KINDERGARTEN TO GRADE 8

OPEN TO STUDENTS WHO ATTEND SCHOOL IN CARLSTADT

BEFORE CARE: 7:00AM – SCHOOL STARTS  
AFTER CARE: END OF SCHOOL – 6:00PM



**Erika Obara**  
Director of SACC & Camp  
eobara@meadowlandsymca.org

201.955.5300 x236  
SACC@MeadowlandsYMCA.org

# 2021-2022 CARLSTADT REGISTRATION FORM

Complete form for each individual child and email to [SACC@meadowlandsYMCA.org](mailto:SACC@meadowlandsYMCA.org)

Child Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M /  F  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_, NJ Zip \_\_\_\_\_ Grade (as of 9/1/2021) \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PLEASE CHECK DAYS OF THE WEEK**

**Before Care**  M  T  W  Th  F Total Number of days \_\_\_\_

**After Care**  M  T  W  Th  F Total Number of days \_\_\_\_

**BEFORE SCHOOL MONTHLY TUITION (Drop-off 7:00AM)**

# Days	First Child	Additional Child(ren)
5	\$201	\$181
4	\$186	\$168
3	\$165	\$149
2	\$147	\$133

**AFTER SCHOOL MONTHLY TUITION (based upon pick-up time)**

# Days	4:30PM	6:00PM	4:30PM	6:00PM
5	\$316	\$350	\$285	\$315
4	\$292	\$323	\$263	\$291
3	\$259	\$287	\$234	\$259
2	\$230	\$254	\$201	\$229

FEES	PRICE
Annual Registration non refundable	\$ 50
First Month Before Care Tuition	\$
First Month After Care Tuition	\$
<b>Total Enclosed</b>	\$

**FINANCIAL ASSISTANCE:** Financial assistance is available for those needing help paying for the cost of a YMCA program or membership. To apply for financial assistance, please contact James Chiappone - [Jchiappone@meadowlandsymca.org](mailto:Jchiappone@meadowlandsymca.org)

**ACKNOWLEDGEMENT:** I understand that to attend before and aftercare, tuition must be paid in full prior to attending and my child's parent pack must be 100% complete. Child must be picked up on time or \$18 fee will incur for every 15 minutes.

Initial \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTO PAY REQUIREMENT:** I authorize the Meadowlands YMCA to charge my RECURRING MONTHLY TUITION to the payment method on tuition due dates until 5/15/22. I assume all responsibility to notify the YMCA in writing of any changes that may affect agreement.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT METHOD**

Visa\*  MasterCard\*  American Express\*  Cash  Check # \_\_\_\_\_

EFT Draft Checking  EFT Draft Savings

Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Attach copy of VOIDED check or Bank Specification letter \_\_\_\_\_  
 Print Name on Account \_\_\_\_\_

Credit Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Print Name as it appears on Credit Card \_\_\_\_\_ Sign Name as it appears on Credit Card \_\_\_\_\_

\* \$2 fee per card transaction starting September 1st.