Maywood
BEFORE AND AFTER SCHOOL CARE

YOUR CHILD WILL LEARN AND GROW THROUGH...

Activity Time

Snacks

STEAM Projects

Free Time

Homework Assistance

GRADE 4 TO GRADE 8
OPEN TO STUDENTS WHO ATTEND MAYWOOD AVE SCHOOL

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

MEADOWLANDS YMCA

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

201.955.5300 x236
SACC@MeadowlandsYMCA.org

2021–22 MAYWOOD AVE REGISTRATION FORM

Complete form for each individual child and email to 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	$222	$200
4	$205	$185
3	$180	$162
2	$158	$143

AFTER SCHOOL MONTHLY TUITION (based upon pick-up time)				
# Days	4:30PM	6:00PM	4:30PM	6:00PM
5	$341	$374	$307	$337
4	$314	$344	$283	$310
3	$276	$303	$249	$273
2	$243	$266	$219	$240

FEES	PRICE
Annual Registration non refundale	$ 50
First Month Before Care Tuition	$
First Month After Care Tuition	$
Total Enclosed	$

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

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 canges that may affect agreement.

Signature _____ Date _____/_____/_____

PAYMENT METHOD	

❑ Visa* ❑ MasterCard* ❑ American Express* ❑ Cash ❑ Check # _____

Credit Card Number

Exp. Date   Security Code

❑ EFT Draft Checking ❑ EFT Draft Savings
Routing #_____
Account #_____
Bank Name _____
Attach copy of VOIDED check or Bank Specification letter

_____
Print Name on Account

Print Name as it appears on Credit Card   Sign Name as it appears on Credit Card   * $2 fee per card transaction starting September 1st.