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



201.955.5300 x236 SACC@MeadowlandsYMCA.org

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

2022-2023 CARLSTADT REGISTRATION FORM

Complete form for each individual child and email to SACC@meadowlandsYMCA.org

Child Name	Last Name	Age Gender 🖵 M / 🖵		
Address		Date of Birth		
City	, NJ Zip	Grade (as of 9/1/2022)		
Parent/Guardian Name		Date of Birth		
Email				
		Cell Phone		
Parent/Guardian Name		Date of Birth		
Email	Cell Phone	Work Phone		

PLEASE CHECK DAYS OF THE WEEK						
Before C	are 🗆 M 🗅 T	🗆 W 🗆 Th 🗆 F	Total Number of day	s Start Date		
After Ca	re 🛛 M 🖵 T	🗆 W 🗆 Th 🗆 F	Total Number of day	's		
BEFORE SCHOOL MONTHLY TUITION (Drop-off 7:00AM)						
# Days	First Child Additional Child(ren)		al Child(ren)			
5	\$221		\$199			
4	\$204		\$184			
3	\$181 \$163		163			
2	\$	161	\$145			
AFTER SCHOOL MONTHLY TUITION (based upon pick-up time)						
# Days	4:30рм	6:00рм	4:30рм	6:00рм		
5	\$347	\$385	\$313	\$347		
4	\$321	\$355	\$289	\$320		
3	\$284	\$315	\$256	\$284		
2	\$253	\$279	\$228	\$252		
		FEES		PRICE		
Annual Registration non refundale						
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 5/15/23. 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	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			