

Club I.D.E.A. offers parents all day childcare coverage on holidays and during school vacations. Children will get to experience all the best the Y has to offer:

GYMNASTICS • SWIMMING • STEAM ACTIVITIES

ages 5-11 7:00ам - 6:00рм

lunch options available

SIGN UP TODAY!

Limites space available



2022-2023 CLUB I.D.E.A. REGISTRATION FORM

ONE FORM PER CHILD Submit completed forms to

Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or SACC@meadowlandsymca.org

CHILD Fu	II Name	2		Home Phone Age as of 7/1/2022 Grade as of 9/1/2022 Gender										
Date of Birth Ago				Age a	e as of 7/1/2022 Grade as of 9/1/2022							2 Gender		
Home Ad	dress _							C	ity/Zip					
DADENT/	EI IVDE	NAN E.	ıll Nam	0					r	Data of	Birth			
Home Address						Date of Birth City/Zip								
Work Phone			Cell Phone(Required)											
2022 DATES	ОСТ	ОСТ	NOV	NOV	NOV	DEC	DEC	DEC	DEC					
	7	10	8	10	11	27	28	29	30				TOTAL	
	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80				\$	
2023 DATES	JAN 16	FEB 20	FEB 21	FEB 22	FEB 23	FEB 24	APR 7	APR 17	APR 18	APR 19	APR 20	APR 21	TOTAL	
	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	\$	
											ΤΩΤΛΙ	COST	\$	
											IUIA	1 (03)	Ψ	
PAYMEI	NT OP													
AUTO DRAFT PAYMENTS payment method on file will be charged 10 days prior to the						ne start of ea	ach day		PAY IN FULL					
NON-REFUNDABLE PROCE													L \$30	
		NON	NON-REFUNDABLE DEPOSIT (NUMBER OF DA				X \$40)					OTAL COST	\$	
						TOTAL D	UE TODAY	\$			TOTAL D	UE TODAY	\$	
ACKNOV non-refun I.D.E.A., tu	dable. A	lso, no	makeup	days, re	efunds c	or credit ding and	s are of d parent	fered fo pack m	r any ki Just com	nd of al 1plete.	osence.	To atter		
AUTO-D payment n daily sessic agreement	nethod on. I ass	for the	weekly	balance.	I under	stand I y the Y <i>l</i>	will be c MCA in v	harged writing o	10 days of any c	prior to hanges	the state that ma	art of ea ay affec	ach	
PAYMEN Check				to Mead	dowland	ds	_							
■ MasterCard■ American Express■ Discover■ Visa							□ EFT Draft Checking□ EFT Draft SavingsRouting #Account #							
Credit Card Number				Ex	кр. Date	2	Bank Name Attach a copy of voided check or bank							
Print Nam	e as it	appear	s on Cr	edit Car	d		specifi	cation l	etter					
Signature •							Print Name on Account							