

PARENTS

NIGHT

OUT



Drop your children ages 3-12 years old (must be fully potty trained) off at the Meadowlands Area YMCA for peace of mind while you get a well deserved NIGHT OUT! While you are out your child will get to hang with friends, enjoy pizza, and planned activities.

ages 3-12
6:00PM - 8:45PM

SIGN UP TODAY!
Limited space available

PLANNED ACTIVITIES:

ARTS & CRAFTS
MOVIES **GYM TIME**



2023 PARENTS NIGHT OUT REGISTRATION FORM

Submit completed forms to Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or jhansen@meadowlandsymca.org

CHILD Full Name _____ Home Phone _____

Date of Birth _____ Gender _____ Food Allergies _____

Home Address _____ City/Zip _____

ADDITIONAL CHILD Full Name _____

Date of Birth _____ Gender _____ Food Allergies _____

ADDITIONAL CHILD Full Name _____

Date of Birth _____ Gender _____ Food Allergies _____

PARENT/GUARDIAN Full Name _____

Home Address _____ City/Zip _____

Work Phone _____ Cell Phone(Required) _____ DoB _____

Email _____

2023 DATES	JAN 20	FEB 17	MAR 17	APR 21	MAY 19	TOTAL
MEMBER RATES	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	\$_____
NON MEMBER RATES	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	\$_____
ADDITIONAL CHILD	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	X_____ # of children \$_____

PAYMENT OPTIONS

AUTO DRAFT PAYMENTS payment method will be charged 10 days prior to each day	PAY IN FULL
DEPOSIT (# of DAYS ____ X \$15) \$_____	TOTAL COST \$_____
TOTAL DUE TODAY \$_____	TOTAL DUE TODAY \$_____

- Additional children are just \$15 each
- Register for 3 or more dates to use Auto Draft option
- Use Mara Center entrance to drop off and pickup

ACKNOWLEDGMENT: To attend PARENTS NIGHT OUT, fees must be paid in full prior to attending. Proof of residency may be required for additional children.

 Initial _____ Date ____/____/____

AUTO-DRAFT AUTHORIZATION: I authorize the Meadowlands YMCA to automatically charge this payment method for the balance. I understand I will be charged 10 days prior to the start of each day. I assume all responsibility to notify the YMCA in writing of any changes that may affect this agreement.

 Initial _____ Date ____/____/____

PAYMENT METHOD

Check *Make check payable to Meadowlands

MasterCard American Express

Discover Visa

Credit Card Number _____ Exp. Date _____

Print Name as it appears on Credit Card _____

Signature  _____

EFT Draft Checking EFT Draft Savings

Routing # _____

Account # _____

Bank Name _____

Attach a copy of voided check or bank specification letter

Print Name on Account _____