# 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

### **Danielle Coldon**

SACC & Camp Director dcoldon@meadowlandsymca.org 201.955.5300 x236 SACC@MeadowlandsYMCA.org

## 2023-2024 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 9/1/2023)		
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 days				
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				
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 Jane Hansen – Jhansen@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 5/15/24. 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   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	I * \$2 fee per card transaction			