

# East Rutherford **BEFORE AND AFTER SCHOOL CARE**



## **YOUR CHILD WILL LEARN AND GROW THROUGH...**

Activity Time  
Snacks

STEAM Projects  
Free Time

Homework  
Assistance

## **FULL TIME PRESCHOOL TO GRADE 6**

DOES NOT APPLY TO PART TIME PRESCHOOLERS

BEFORE CARE: 7:00AM – SCHOOL STARTS

AFTER CARE: END OF SCHOOL – 6:30PM

**Danielle Coldon**

SACC & Camp Director

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# 2023-24 EAST RUTHERFORD REGISTRATION

Complete form for each individual child and email to [SACC@meadowlandsYMCA.org](mailto:SACC@meadowlandsYMCA.org)

Child Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M /  F  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_, NJ Zip \_\_\_\_\_ Grade (as of 9/1/2023) \_\_\_\_\_  
 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 \_\_\_\_ **Start Date** \_\_\_\_\_  
**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	\$201	\$181
4	\$186	\$168
3	\$165	\$149
2	\$147	\$133

**AFTER SCHOOL MONTHLY TUITION (based upon pick-up time)**

# Days	4:30PM	6:30PM	4:30PM	6:30PM
5	\$316	\$360	\$285	\$325
4	\$292	\$333	\$263	\$301
3	\$259	\$297	\$234	\$269
2	\$230	\$264	\$201	\$239

FEES	PRICE
Annual Registration non refundable	\$ 50
First Month Before Care Tuition	\$
First Month After Care Tuition	\$
<b>Total Enclosed</b>	\$

**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](mailto: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 changes that may affect agreement.  
 Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT METHOD	
<input type="checkbox"/> Visa* <input type="checkbox"/> MasterCard* <input type="checkbox"/> American Express* <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ _____ Credit Card Number _____ Exp. Date _____ Security Code _____ Print Name as it appears on Credit Card _____ Sign Name as it appears on Credit Card _____	<input type="checkbox"/> EFT Draft Checking <input type="checkbox"/> EFT Draft Savings Routing # _____ Account # _____ Bank Name _____ Attach copy of VOIDED check or Bank Specification letter _____ Print Name on Account _____ * \$2 fee per card transaction starting September 1st.