Carlstadt BEFORE AND the 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

Natalie Moullette

Director of School Aged Childcare Programs nmoullette@meadowlandsymca.org

201.955.5300 x236 SACC@MeadowlandsYMCA.org

2024-2025 CARLSTADT REGISTRATION FORM

Complete form for each individual child and email to 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			-		
		Cell Phone			
Parent/Guardian Name		Date of Birth	_		
Email	Cell Phone	Work Phone	_		

PLEASE CHECK DAYS OF THE WEEK							
Before Ca After Ca		□ W □ Th □ F □ W □ Th □ F	Total Number of day Total Number of day	/s Start Date			
BEFORE SCHOOL MONTHLY TUITION (Drop-off 7:00AM)							
# Days	Firs	t Child	Addition	al Child(ren)			
5	\$239		\$215				
4	\$220		\$199				
3	\$	195 \$176		\$176			
2	\$	174	\$157				
AFTER SCHOOL MONTHLY TUITION (based upon pick-up time)							
# Days	4:30рм	6:00рм	4:30рм	6:00рм			
5	\$375	\$415	\$338	\$375			
4	\$347	\$384	\$312	\$345			
3	\$307	\$340	\$277	\$307			
2	\$273	\$300	\$246	\$272			
		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 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			