

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

Natalie Moullette

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SACC@MeadowlandsYMCA.org

2024-25 EAST RUTHERFORD REGISTRATION

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 _____
 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	\$217	\$195
4	\$200	\$181
3	\$178	\$161
2	\$157	\$144

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

# Days	4:30PM	6:30PM	4:30PM	6:30PM
5	\$341	\$389	\$308	\$351
4	\$315	\$360	\$284	\$325
3	\$280	\$320	\$253	\$291
2	\$248	\$285	\$217	\$258

FEES	PRICE
Annual Registration non refundable	\$ 50
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 changes that may affect agreement.

Signature _____ Date ____/____/____

PAYMENT METHOD

Visa* MasterCard* American Express* Cash Check # _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Credit Card Number

_____|_____|_____|_____|

Exp. Date

_____|_____|_____|_____|

Security Code

Print Name as it appears on Credit Card

Sign Name as it appears on Credit Card

EFT Draft Checking 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.