

# 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:**  

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**ARTS & CRAFTS**  
**MOVIES**                      **GYM TIME**



# 2024-2025 PARENTS NIGHT OUT REGISTRATION FORM

Submit completed forms to Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or [jhansen@meadowlandsymca.org](mailto: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 \_\_\_\_\_

2024/2025 DATES	OCT 18	NOV 15	DEC 20	JAN 17	FEB 21	MAR 21	MAY 16	TOTAL
<b>MEMBER RATES</b>	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	\$ _____
<b>NON MEMBER RATES</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	\$ _____
<b>ADDITIONAL CHILD</b>	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	X _____ # of children \$ _____

- Additional children are just \$20 each
- Register for 3 or more dates to use Auto Draft option
- Use Mara Center entrance to drop off and pickup

## 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 \$ _____

**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 \_\_\_\_\_