



CLUB I.D.E.A.

Imagine • Discover • Explore • Aspire

Club I.D.E.A. offers parents all day childcare coverage on holidays and during school vacations. Children will get to experience all the best the Y has to offer:

GYMNASTICS • SWIMMING • STEAM ACTIVITIES

ages 5-11
7:00AM - 6:00PM
lunch options
available

SIGN UP TODAY!
Limited space available



2024-2025 CLUB I.D.E.A. REGISTRATION FORM

ONE FORM PER CHILD Submit completed forms to

Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or SACC@meadowlandsymca.org

CHILD Full Name _____ Home Phone _____
 Date of Birth _____ Age as of 7/1/2023 _____ Grade as of 9/1/2023 _____ Gender _____
 Home Address _____ City/Zip _____

PARENT/GUARDIAN Full Name _____ Date of Birth _____
 Home Address _____ City/Zip _____
 Work Phone _____ Cell Phone(Required) _____ Email _____

2024 DATES	NOV 7	NOV 8	DEC 23	DEC 27	DEC 30								TOTAL
	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80								

2025 DATES	JAN 20	FEB 17	FEB 18	APR 14	APR 15	APR 16	APR 17	APR 18	APR 21				TOTAL
	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80			

TOTAL COST \$_____

PAYMENT OPTIONS

AUTO DRAFT PAYMENTS <small>payment method on file will be charged 10 days prior to the start of each day</small>			PAY IN FULL		
NON-REFUNDABLE PROCESSING FEE TOTAL	\$30		NON-REFUNDABLE PROCESSING FEE TOTAL	\$30	
NON-REFUNDABLE DEPOSIT (NUMBER OF DAYS _____ X \$40)	\$_____		TOTAL COST	\$_____	
TOTAL DUE TODAY	\$_____		TOTAL DUE TODAY	\$_____	

ACKNOWLEDGMENT: I understand that all upfront fees and deposits paid at the time of registration are non-refundable. Also, no makeup days, refunds or credits are offered for any kind of absence. To attend CLUB I.D.E.A., tuition must be paid in full prior to attending and parent pack must complete.

Initial _____ Date ____/____/____

AUTO-DRAFT AUTHORIZATION: I authorize the Meadowlands YMCA to automatically charge this payment method for the weekly balance. I understand I will be charged 10 days prior to the start of each daily session. 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 _____