



Club I.D.E.A. allows children to experience all the best the Y has to offer while providing childcare coverage for parents during school breaks and holidays.

CLUB I.D.E.A. DATES FOR THE 2025-2026 SCHOOL YEAR:

October 13th
November 6th and 7th
December 29th – 31st
January 19th
February 16th and 17th
April 13th – 17th
May 25th

ages 5-11
7:00am – 6:00pm
lunch options available

SIGN UP TODAY!
Limited space available



2025-2026 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 7/1/2025 ____ Grade as of 9/1/2025 ____ Gender _____
Home Address _____ City/Zip _____

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

2025 DATES	OCT 13	NOV 6	NOV 7	DEC 29	DEC 30	DEC 31					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					
2026 DATES	JAN 19	FEB 16	FEB 17	APR 13	APR 14	APR 15	APR 16	APR 17	MAY 25		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		

PAYMENT OPTIONS

TOTAL COST \$ _____

AUTO DRAFT PAYMENTS

payment method on file will be charged 10 days prior to the start of each day

NON-REFUNDABLE PROCESSING FEE TOTAL \$30

NON-REFUNDABLE DEPOSIT (NUMBER OF DAYS ____ X \$40) \$ _____

TOTAL DUE TODAY \$ _____


PAY IN FULL

NON-REFUNDABLE PROCESSING FEE TOTAL \$30


TOTAL COST \$ _____

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 

3% charge on all card transactions

☐ EFT Draft Checking ☐ EFT Draft Savings

Routing # _____

Account # _____

Bank Name _____

Attach a copy of voided check or bank specification letter

Print Name on Account _____