CLUB I.D.E.A.

Imagine • Discover • Explore • Aspire

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 – 30th

January 19th

February 16th and 17th

April 13th – 17th

ages 5-11

7:00am – 6:00pm

lunch options available

SIGN UP TODAY!

Limited space available

the YMCA

Meadowlands YMCA

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							TOTAL
	❑ $80	❑ $80	❑ $80	❑ $80	❑ $80							$_____
2026 DATES	JAN 19	FEB 16	FEB 17	APR 13	APR 14	APR 15	APR 16	APR 17				TOTAL
	❑ $80	❑ $80	❑ $80	❑ $80	❑ $80	❑ $80	❑ $80	❑ $80				$_____

TOTAL COST $_____

PAYMENT OPTIONS

AUTO DRAFT PAYMENTS payment method on file will be charged 10 days prior to the start of each day		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 ❑ AmEx ❑ Discover ❑ Visa

_____ _____ _____
Credit Card Number Exp. Date CVV

_____
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