East Rutherford
BEFORE AND AFTER SCHOOL CARE

the YMCA

YOUR CHILD WILL LEARN AND GROW THROUGH...

Activity Time
Snacks
STEAM Projects
Free Time
Homework Assistance

KINDERGARTEN TO GRADE 6

OPEN TO STUDENTS WHO ATTEND SCHOOL IN EAST RUTHERFORD

BEFORE CARE: 7:00AM – SCHOOL STARTS
AFTER CARE: END OF SCHOOL – 6:30PM

Danielle Ardito
Senior Childcare Director
dardito@meadowlandsymca.org

201.955.5300 x236
SACC@MeadowlandsYMCA.org

2026-27 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 9/1/2026)_____

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 ___ _____

PLEASE CHECK # OF DAYS & PICKUP TIME

BEFORE SCHOOL MONTHLY TUITION (Drop-off 7:00AM)

# Days	First Child	Additional Child(ren)
5	❑ $231	❑ $208
4	❑ $212	❑ $191
3	❑ $190	❑ $171
2	❑ $167	❑ $151

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

# Days	4:30PM	6:30PM	4:30PM	6:30PM
5	❑ $362	❑ $412	❑ $326	❑ $371
4	❑ $335	❑ $381	❑ $302	❑ $343
3	❑ $297	❑ $340	❑ $268	❑ $306
2	❑ $263	❑ $303	❑ $237	❑ $273

FEES	PRICE
Annual Registration non refundale	$ 50
First Month Before Care Tuition	$
First Month After Care Tuition	$

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 5/15/27. I assume all responsibility to notify the YMCA in writing of any canges 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

* $4 fee per card transaction