## East Rutherford BEFORE AND AFTER SCHOOL CARE











## YOUR CHILD WILL LEARN AND GROW THROUGH...

**Activity Time Snacks** 

STEAM Projects Free Time

Homework Assistance



## FULL TIME PRESCHOOL TO GRADE 6 DOES NOT APPLY TO PART TIME PRESCHOOLERS

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

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201.955.5300 x236 SACC@MeadowlandsYMCA.org

## 2023-24 EAST RUTHERFORD REGISTRATION

Complete form for each individual child and email to SACC@meadowlandsYMCA.org

| Child Name                                    |  |  | Last Name  |   |   | je  | _ Gender 🛭 M / 🗖 F   |  |
|---|--|--|--|---|---|---|--|--|
|   |  |  |  |   |   |   |  |  |
|   |  |  | , NJ Zip   |   | Grade (as of 9/1/2023)  |   |  |  |
|   |  |  |  |   |   | Date of Birth                                 |  |  |
|   |  |  |  |   |   |   |  |  |
| Home Phone                                    |  |  |  |   | ell Phone   |   |  |  |
|   |  |  |  | Date of Birth   |   |   |  |  |
|   |  |  |  | Work Phone  |   |   |  |  |
|   |  |  |  |   |   |   |  |  |
|   |  |  | PLEASE CHECK DA  |   |   |   |  |  |
|   |  |  |  | Total Number of days  |   |   |  |  |
|   | After Care   |  |  |   | Total Number of days  |   |  |  |
|   | BEFORE SCHOOL MONTHLY TUITION (Drop-off 7:00AM)  |  |  |   |   |   |  |  |
| _   | # Days   |  | Child  | Additional Child(ren)   |   |   |  |  |
|   | 5  | i  | 201  | \$181   |   |   |  |  |
| _   | 4  |  | 186  |   | \$168   |   |  |  |
| -   | 3  | 165  | \$149  |   |   |   |  |  |
| L   | 2  |  | 147  | \$133   |   |   |  |  |
|   | Management was an addition of  |  | TION (based upon pick-up time)   |   |   |   |  |  |
| -   | # Days   | 4:30рм   | 6:30рм   |   | ВОРМ  |   | 6:30рм   |  |
| -   | 5  | \$316  | \$360  |   | 285   | \$325   |  |  |
| -   | 4  | \$292  | \$333  |   | 263   | \$301   |  |  |
| -   | 3  | \$259  | \$297  |   | 234   | \$269   |  |  |
| 2   |  | \$230  | \$264  | \$4   | \$201 \$23  |   |  |  |
|   | FEES   |  |  |   |   |   | PRICE<br>\$ 50   |  |
| -   | Annual Registration non refundale  |  |  |   |   |   |  |  |
| -   | First Month Before Care Tuition  |  |  |   |   |   | \$   |  |
| <u></u>                                       | First Month After Care Tuition   |  |  |   |   |   | \$   |  |
|   | Total Enclosed \$  |  |  |   |   |   |  |  |
| nembership. To ACKNOWLEDG hild's parent pa    | apply for financi iEMENT: I un ack must be 100 OUIREMENT:  | al assistance, pl<br>nderstand that<br>% complete. Chi | nce is available for tho<br>ease contact Jane Hans<br>to attend before and a<br>ild must be picked up o<br>Meadowlands YMCA to<br>responsibility to notify | sen - Jhanse<br>oftercare, tu<br>on time or \$<br>o charge my | en@meadowland<br>lition must be p<br>18 fee will incul<br>Initial<br>RECURRING MC | dsymca.org aid in full prior r for every 15 m | to attending and my<br>ninutes.<br>Date//<br>N to the payment method |  |
| m tuition due d                               | utes ulltil 3/13/7   | La, i assuille all                                     |  |   | il writing or any   |   | Date//   |  |
|   |  |  | PAYMENT  | METHOD  |   |   |  |  |
| ☐ Visa* ☐ Ma                                  | asterCard* 🗆 An  | nerican Express*                                       | ☐ Cash ☐ Check #   |   | ☐ EFT Draft Ch  | ecking 🗆 EFT D                                | raft Savings   |  |
|   |  |  |  |   | Routing #   |   |  |  |
| Credit Card Number                            |  |  |  |   | Account #<br>Bank Name  |   |  |  |
|   |  |  |  |   |   |   | Bank Specification letter  |  |
| Exp. Date Security Code Print Name on Account |  |  |  |   |   |   |  |  |
| Print Name                                    | Print Name as it appears on Credit Card  Sign Name as it appears on Credit Card  *\$2 fee per card transaction starting Se |  |  |   |   |   |  |  |