

East Rutherford – McKenzie BEFORE AND AFTER SCHOOL CARE



EARLY BIRD SPECIAL
\$0 Registration Fee
ends 8/15

YOUR CHILD WILL LEARN AND GROW THROUGH...

Activity Time
Snacks

STEAM Projects
Free Time

Homework
Assistance

KINDERGARTEN TO GRADE 4

OPEN TO STUDENTS WHO ATTEND SCHOOL AT MCKENZIE

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



Erika Obara
Director of SACC & Camp
eobara@meadowlandsymca.org

201.955.5300 x236
SACC@MeadowlandsYMCA.org

2021-2022 MCKENZIE REGISTRATION FORM

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 9/1/2021) _____
 Mother (Guardian) Name _____ Date of Birth _____
 Email _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Father (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 _____

After Care M T W Th F Total Number of days _____

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

# Days	First Child	Additional Child(ren)
5	\$201	\$181
4	\$186	\$168
3	\$165	\$149
2	\$147	\$133

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

# Days	4:30PM	6:30PM	4:30PM	6:30PM
5	\$316	\$360	\$285	\$325
4	\$292	\$333	\$263	\$301
3	\$259	\$297	\$234	\$269
2	\$230	\$264	\$201	\$239

FEES

PRICE

Annual Registration non refundable	\$ 50
First Month Before Care Tuition	\$
First Month After Care Tuition	\$
Total Enclosed	\$

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 James Chiappone - Jchiappone@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 5/15/22. I assume all responsibility to notify the YMCA in writing of any changes that may affect agreement.

Signature _____ Date ____/____/____

PAYMENT METHOD

Visa* MasterCard* American Express* Cash Check # _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number

--	--	--	--

Exp. Date

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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

* \$2 fee per card transaction starting September 1st.