

# East Rutherford BEFORE AND AFTER SCHOOL CARE



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

Activity Time  
Snacks

STEAM Projects  
Free Time

Homework  
Assistance

*Handwritten signature and date: 8/26/24*

## FULL TIME PRESCHOOL TO GRADE 6

DOES NOT APPLY TO PART TIME PRESCHOOLERS

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

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SACC@MeadowlandsYMCA.org

# 2024-25 EAST RUTHERFORD REGISTRATION

Complete form for each individual child and email to [SACC@meadowlandsYMCA.org](mailto:SACC@meadowlandsYMCA.org)

Child Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M /  F  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_, NJ Zip \_\_\_\_\_ Grade (as of 9/1/2023) \_\_\_\_\_  
 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 \_\_\_\_\_

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

# Days	First Child	Additional Child(ren)
5	\$217	\$195
4	\$200	\$181
3	\$178	\$161
2	\$157	\$144

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

# Days	4:30PM	6:30PM	4:30PM	6:30PM
5	\$341	\$389	\$285	\$325
4	\$315	\$360	\$263	\$301
3	\$280	\$320	\$234	\$269
2	\$248	\$285	\$201	\$239

FEES	PRICE
Annual Registration non refundable	\$ 50
First Month Before Care Tuition	\$
First Month After Care Tuition	\$
<b>Total Enclosed</b>	\$

**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](mailto: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 5/15/24. 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 # \_\_\_\_\_

EFT Draft Checking  EFT Draft Savings

Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Attach copy of VOIDED check or Bank Specification letter \_\_\_\_\_  
 Print Name on Account \_\_\_\_\_

\_\_\_\_\_

Print Name as it appears on Credit Card \_\_\_\_\_ Sign Name as it appears on Credit Card \_\_\_\_\_

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

*Handwritten signature and date: 8/26/24*