YOUR CHILD WILL LEARN AND GROW THROUGH...

Activity Time  
Snacks

STEAM Projects  
Free Time

Homework Assistance

KINDERTGARTEN TO GRADE 8
OPEN TO STUDENTS WHO ATTEND SCHOOL IN CARLSTADT

BEFORE CARE:  7:00AM – SCHOOL STARTS
AFTER CARE: END OF SCHOOL – 6:00PM
**2021-2022 CARLSTADT REGISTRATION FORM**

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

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Gender</th>
<th>Address</th>
<th>Date of Birth</th>
<th>City, NJ</th>
<th>Zip</th>
<th>Grade (as of 9/1/2021)</th>
<th>Parent/Guardian Name</th>
<th>Date of Birth</th>
<th>Email</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Parent/Guardian Name</th>
<th>Date of Birth</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FAVORABLE 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

**CHILD INFORMATION:**

- **Child Name:** ____________________________________________
- **Last Name:** ____________________________________________
- **Age:** ________________
- **Gender:** M / F
- **Address:** ____________________________________________________________
- **City:** _____________________________________________, NJ
- **Zip:** ____________________________
- **Grade (as of 9/1/2021):** ____________________________
- **Parent/Guardian Name:** ________________________________________________
- **Date of Birth:** ____________________________
- **Email:** ____________________________________________________________
- **Home Phone:** ____________________________
- **Work Phone:** ____________________________
- **Cell Phone:** ____________________________
- **Parent/Guardian Name:** ________________________________________________
- **Date of Birth:** ____________________________
- **Email:** ____________________________________________________________
- **Cell Phone:** ____________________________
- **Work Phone:** ____________________________
- **Visa* □ MasterCard* □ American Express* □ Cash □ Check # □ EFT Draft Checking □ EFT Draft Savings □
- **Credit Card Number:** ____________________________
- **Exp. Date:** ____________________________
- **Security Code:** ____________________________
- **Routing #:** ____________________________
- **Account #:** ____________________________
- **Bank Name:** ____________________________
- **EFT Draft Checking:** ____________________________
- **EFT Draft Savings:** ____________________________
- **Attach copy of VOIDED check or Bank Specification letter:** ____________________________
- **Print Name on Account:** ____________________________
- **Signature:** ____________________________________________
- **Date:** __________/ __________/ __________
- *** $2 fee per card transaction starting September 1st.**

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

<table>
<thead>
<tr>
<th># Days</th>
<th>First Child</th>
<th>Additional Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$201</td>
<td>$181</td>
</tr>
<tr>
<td>4</td>
<td>$186</td>
<td>$168</td>
</tr>
<tr>
<td>3</td>
<td>$165</td>
<td>$149</td>
</tr>
<tr>
<td>2</td>
<td>$147</td>
<td>$133</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th># Days</th>
<th>4:30PM</th>
<th>6:00PM</th>
<th>4:30PM</th>
<th>6:00PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$316</td>
<td>$350</td>
<td>$285</td>
<td>$315</td>
</tr>
<tr>
<td>4</td>
<td>$292</td>
<td>$323</td>
<td>$263</td>
<td>$291</td>
</tr>
<tr>
<td>3</td>
<td>$259</td>
<td>$287</td>
<td>$234</td>
<td>$259</td>
</tr>
<tr>
<td>2</td>
<td>$230</td>
<td>$254</td>
<td>$201</td>
<td>$229</td>
</tr>
</tbody>
</table>

**FEES**

<table>
<thead>
<tr>
<th></th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Registration non refundable</td>
<td>$50</td>
</tr>
<tr>
<td>First Month Before Care Tuition</td>
<td>$</td>
</tr>
<tr>
<td>First Month After Care Tuition</td>
<td>$</td>
</tr>
<tr>
<td>Total Enclosed</td>
<td>$</td>
</tr>
</tbody>
</table>

**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.

**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.

**PAYMENT METHOD**

- **Print Name as it appears on Credit Card**
- **Sign Name as it appears on Credit Card**