Maywood BEFORE AND AFTER SCHOOL CARE

YOUR CHILD WILL LEARN AND GROW THROUGH...

Activity Time
Snacks
STEAM Projects
Free Time
Homework Assistance

GRADE 4 TO GRADE 8
OPEN TO STUDENTS WHO ATTEND MAYWOOD AVE SCHOOL
BEFORE CARE: 7:00AM – SCHOOL STARTS
AFTER CARE: END OF SCHOOL – 6:00PM

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

201.955.5300 x236
SACC@MeadowlandsYMCA.org
2021–22 MAYWOOD AVE REGISTRATION FORM

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

Child Name __________________________________ Last Name ____________________________ Age __________ Gender □ M / □ F

Address __________________________________________________________________________ Date of Birth ________________

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 __________________________

**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)**

<table>
<thead>
<tr>
<th># Days</th>
<th>First Child</th>
<th>Additional Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$222</td>
<td>$200</td>
</tr>
<tr>
<td>4</td>
<td>$205</td>
<td>$185</td>
</tr>
<tr>
<td>3</td>
<td>$180</td>
<td>$162</td>
</tr>
<tr>
<td>2</td>
<td>$158</td>
<td>$143</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>$341</td>
<td>$374</td>
<td>$307</td>
<td>$337</td>
</tr>
<tr>
<td>4</td>
<td>$314</td>
<td>$344</td>
<td>$283</td>
<td>$310</td>
</tr>
<tr>
<td>3</td>
<td>$276</td>
<td>$303</td>
<td>$249</td>
<td>$273</td>
</tr>
<tr>
<td>2</td>
<td>$243</td>
<td>$266</td>
<td>$219</td>
<td>$240</td>
</tr>
</tbody>
</table>

**FEES**

- 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 # ______

<table>
<thead>
<tr>
<th>Credit Card Number</th>
<th>Exp. Date</th>
<th>Security Code</th>
</tr>
</thead>
</table>

- EFT Draft Checking □ EFT Draft Savings

<table>
<thead>
<tr>
<th>Routing #</th>
<th>Account #</th>
<th>Bank Name</th>
<th>Attach copy of VOIDED check or Bank Specification letter</th>
<th>Print Name on Account</th>
</tr>
</thead>
</table>

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