



Date Received:

Initial:

2024-2025 Y-Time Registration Form

Applicant Information

Name:

DOB:

Address, City, State, Zip Code:

Home Phone:

Cell Phone:

School Attending in the Fall:

Grade in Fall:

Parent #1 Name:

Email:

Phone:

Parent #2 Name:

Email:

Phone:

Does your child have:

☐

IEP

☐

504 Plan

Y- Time Pricing (K-5th)

Pickup After-school until 6:00 pm

# Of Days Per Week	Before 4/1/2024		After 4/1/2024	
	YM	NM	YM	NM
	\$20.50/ day	\$25.50/ day	\$21/ day	\$26 / day
3 Days	\$246	\$306	\$252	\$312
4 Days	\$328	\$408	\$336	\$416
5 Days	\$410	\$510	\$420	\$520

*Minimum attendance of 3 days per week for Y-Time. (Must be same days each week)

*Minimum # of children required at certain schools for pick-up.

REGISTRATION

Will you be applying for financial Aid? ☐ Yes ☐ No

Non-refundable deposit: \$75

Days Attending (Please Circle) M Tu W Th F

Total Fees Enclosed

☐ Check Enclosed ☐ Credit Card (Fill Info Below)

Name on Credit Card

CC Number

Exp Date

CCV

REGISTRATION NOT VALID WITHOUT REGISTRATION DEPOSIT PAID!

FOR QUESTIONS, PLEASE CONTACT SHANNON SLIWINSKI AT SSLIWINSKI@NSYMCA.ORG