



Office Use Only:

Date Received: _____

Staff Initial: _____

2026-2027 Y-Time Registration Form

For accuracy please print clearly

Applicant Information

Name:		DOB:
Address, City, State, Zip Code:		
Home Phone:	Cell Phone:	
School Attending in the Fall:		Grade in Fall of 2026:
Parent #1 Name:	Email:	Phone:
Parent #2 Name:	Email:	Phone:
Does your child have: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan		

Y- Time Pricing (K-5th)

Pickup After-school until 6:00 pm

# Of Days Per Week	Before 3/1/2026		After 3/1/2026	
	YM \$22/ day	NM \$27/ day	YM \$22.50 / day	NM \$27.50 / day
3 Days	\$264	\$324	\$270	\$330
4 Days	\$352	\$432	\$360	\$440
5 Days	\$440	\$540	\$450	\$550

*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

