



Date Received: _____

Initial: _____

2025-2026 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 2025: _____

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 4/1/2025		After 5/1/2025	
	YM \$21 / day	NM \$26 / day	YM \$21.50 / day	NM \$26.50 / day
3 Days	\$252	\$312	\$258	\$318
4 Days	\$336	\$416	\$344	\$424
5 Days	\$420	\$520	\$430	\$530

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

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

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