

SUMMER RECREATION

AT THE

Robert L. Craig School

2026



GRADES 3RD TO 7TH PROGRAM

CHILD'S NAME: _____

GRADE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

SHIRT SIZE: CIRCLE **YOUTH: S M L** **ADULT: S M L XL**

PARENT/GUARDIAN: _____

BEST PHONE #: _____ **EMERGENCY #:** _____

PARENT SIGNATURE: _____

Free Breakfast and Lunch will be served!

There is a $100 registration fee for the first child
$35 for each additional
(Please make check out to Borough of Moonachie)
PLEASE ATTACH PROOF OF RESIDENCY (PSE&G, TAX BILL, ETC)

PROGRAM SCHEDULE:
Tuesday, June 23, 2026 to Friday, August 7, 2026
Monday through Friday
8:30 AM to 2:30 PM

Return Form with Payment to Mr. Facendola at the Robert L. Craig School or Borough Hall

Sponsored by: Meadowlands Area YMCA 21st CCLC, Borough of Moonachie and Robert L. Craig School

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ALLERGY FORM



Please fill in the information below to better inform our staff of any allergies/special medical conditions your child may have so that we may take appropriate action

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My child _____ is allergic to the following_____ and also has the following medical condition _____

_____

Parent Signature: _____ Date: _____

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RULES AND REGULATIONS

I agree to pick up my child at the scheduled time. If I am not available to pick up my child on time, I will arrange for appropriate pick-up by someone else, in advance, and I will notify the Counselors of this change.

I grant permission for my son/daughter to be photographed or video-graphed during any activity during Moonachie Summer Recreation hours. Photographs/camera footage may appear in newspapers, magazines, newsletters, brochures, videos, or other forms of promotion, including the Borough website.

I hereby authorize Mr. Facendola and staff to arrange for such medical attention for my child as he deems necessary in the event of illness or injury. Please be aware that a nurse is not on site and in case of an emergency we would call the Moonachie First Aid and Rescue Squad.

Children must be respectful of the Counselors and other campers.

Children must be in an area supervised by a counselor at all times.

Aggressive, violent behavior or anything that is viewed as destructive will not be tolerated.

I understand that this is not a baby-sitting service, and it is a privilege for my child to attend Moonachie Summer Recreation, therefore, I understand that breaking of any of these rules may result in a call to parents, loss of activity, and/or suspension from the program.

I have read the Summer Recreation 2026 Rules and Regulations and have discussed it with my child. I understand the Rules and Regulations and both my child and I agree to abide by them.

Child's Name _____

Parent's Name (please print) _____

Parent's Signature _____ Date_____

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WALK HOME FORM



Please sign the bottom of this permission slip to allow your child to walk home at the end of the program each day.

PLEASE NOTE THE HOURS FOR SUMMER RECREATION ARE
8:30 AM - 2:30 PM

I give my child _____ permission to walk home by her/himself or with _____ from Moonachie Summer Recreation at the end of the day.

Parent Signature: _____ Date: _____

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