Moonachie Robert L Craig School
AFTER SCHOOL CARE

YOUR CHILD WILL LEARN AND GROW THROUGH...

STEAM Projects
Art Class
Homework Assistance
Dinner & Snacks
Fitness Activities

KINDERGARTEN (6 YEARS OLD) TO 2ND GRADE

OPEN TO STUDENTS WHO ATTEND SCHOOL IN MOONACHIE

AFTER CARE: END OF SCHOOL – 6:00PM

Phil Facendola
Director 201-206-8774
pfacendola@meadowlandsymca.org

201.955.5300
SACC@MeadowlandsYMCA.org

2026-27 MOONACHIE REGISTRATION FORM

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

Child Name _____ Last Name _____ Age _____ Gender ❑ M / ❑ F

Address _____ Date of Birth _____

City _____, NJ Zip _____ Grade (as of 9/1/2026) _____

Mother (Guardian) Name _____ Date of Birth _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father (Guardian) Name _____ Date of Birth _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Program Start Date: _____

AFTER SCHOOL MONTHLY TUITION	
First Child	**Additional Child(ren)**
$175	$158

FEES	PRICE
A. Annual Registration	$ ~~50~~
B. 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 Jane - Jhansen@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 5/15/27. 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 # _____

Credit Card Number

Exp. Date Security Code

Print Name as it appears on Credit Card

Sign Name as it appears on Credit Card

❑ EFT Draft Checking ❑ EFT Draft Savings

Routing # _____

Account # _____

Bank Name _____

Attach copy of VOIDED check or Bank Specification letter

Print Name on Account

* $4 fee per card transaction