

# Moonachie Robert L Craig School BEFORE & AFTER SCHOOL CARE



## YOUR CHILD WILL LEARN AND GROW THROUGH...

STEAM Projects  
Dinner & Snacks

Chess Club  
Garden Program

Homework  
Assistance

## KINDERGARTEN TO 2ND GRADE

OPEN TO STUDENTS WHO ATTEND SCHOOL IN MOONACHIE

**BEFORE CARE: 7:15AM – START OF SCHOOL**

**AFTER CARE: END OF SCHOOL – 6:00PM**

**Phil Facendola**

Director 201-206-8774

[pfacendola@meadowlandsymca.org](mailto:pfacendola@meadowlandsymca.org)

201.955.5300

[SACC@MeadowlandsYMCA.org](mailto:SACC@MeadowlandsYMCA.org)

# 2025-26 MOONACHIE REGISTRATION FORM

Complete form for each individual child and email to [SACC@meadowlandsYMCA.org](mailto:SACC@meadowlandsYMCA.org)

Child Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Gender ☐ M / ☐ F  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_, NJ Zip \_\_\_\_\_ Grade (as of 9/1/2025) \_\_\_\_\_

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: \_\_\_\_\_

## BEFORE SCHOOL MONTHLY TUITION

First Child	Additional Child(ren)
\$50	\$45

## AFTER SCHOOL MONTHLY TUITION

First Child	Additional Child(ren)
\$175	\$158

FEES	PRICE
A. Annual Registration	\$ <del>50</del>
B. First Month Before Care Tuition	\$
C. First Month After Care Tuition	\$
<b>Total Enclosed</b>	\$

**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](mailto: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 5/15/26. 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 # \_\_\_\_\_

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Credit Card Number

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Exp. Date

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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