

Moonachie Robert L Craig School AFTER SCHOOL CARE



YOUR CHILD WILL LEARN AND GROW THROUGH...

STEAM Projects
Dinner & Snacks

Art Class
Fitness Activities

Homework
Assistance

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

\$175

Additional Child(ren)

\$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

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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