



SUMMER RECREATION

AT THE

Robert L. Craig School 2024



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 \$75 registration fee for the first child
\$25 for each additional**

(Please make check out to Borough of Moonachie)

PLEASE ATTACH PROOF OF RESIDENCY (PSE&G, TAX BILL, ETC)

PROGRAM SCHEDULE:
Monday, June 17, 2024 to Friday, August 2, 2024
▶ 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

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 2024 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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Borough of
Moonachie