

# Moonachie Robert L Craig School AFTER SCHOOL CARE



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

STEAM Projects  
Snacks

Chess Club  
Garden Program

Homework  
Assistance

## KINDERGARTEN 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

# 2022-23 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 9/1/2022) \_\_\_\_\_

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	\$
<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  
 Phil Facendola - [pfacendola@meadowlandsymca.org](mailto:pfacendola@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 5/15/23. I assume all responsibility to notify the YMCA in writing of any changes that may affect agreement.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT METHOD	
<input type="checkbox"/> Visa* <input type="checkbox"/> MasterCard* <input type="checkbox"/> American Express* <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> Credit Card Number <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 20%; height: 20px; margin: 5px 0;"></div> </div> Exp. Date _____ Security Code _____	<input type="checkbox"/> EFT Draft Checking <input type="checkbox"/> EFT Draft Savings Routing # _____ Account # _____ Bank Name _____ Attach copy of VOIDED check or Bank Specification letter _____ Print Name on Account _____
Print Name as it appears on Credit Card	Sign Name as it appears on Credit Card

\* \$2 fee per card transaction