



BOYS & GIRLS CLUB OF CLIFTON

Great Futures Start Here

BE GREAT

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Welcome to the Boys & Girls Club of Clifton's state licensed After School Child Care Program for children in grades 1 - 5. The following Clifton public elementary schools are bused to the Boys & Girls Club of Clifton after school program site: School #2, #3, #4, #5, #13, #16 and parochial schools. The After School Program operates from 3:00 - 6:00 p.m. Parent Information Booklets will be available at registration. Confirmations will be mailed out in August. **Program start date is September 11th.**

Fees: **After School Program yearly tuition is \$1,850.00 for the year**

A deposit of \$185.00 is due at registration (applied as your September payment).

Tuition is based on the school calendar and is divided into equal payments of **\$185.00 due by the 1st of each month.** Tuition is not adjusted monthly to reflect vacation and/or school holidays; included at no additional cost are ½ days and full days when schools are closed. **Snack is not provided** - parents may opt to have members purchase a snack from the vending machines or bring a snack from home.

Automatic Payment, Late and Return Check Fees

The Club offers automatic payments for any parent who wishes to keep a credit card on file. Payments will be processed by the 10th of every month. Non automatic payments received after the 10th of each month will be assessed a late fee of \$10.00. There will be a fee of \$25.00 assessed for each returned check.

Scholarship/Income Eligibility

The Club has secured funding to provide a limited number of full & partial scholarships for Clifton residents. Applications will be approved on the basis of need (excluding membership and activity fees). Families eligible for full or partial scholarships must provide the Boys & Girls Club of Clifton with the following information:

- A. Completed After School Program application
- B. **Photo copy** of 2016 Income Tax Return claiming the child as a dependent*

***If you have a child in the Middle School program you do not qualify for the second child discount on a child in the Aftercare program.**



MEMBER: Boys and Girls Clubs of America • North Jersey Regional Chamber of Commerce • USA Swimming • NJ Swimming

Establish a Clifton Legacy • Include The Club in Your Estate Planning • Donations are Tax Deductible

Club Fundraisers – We are requesting that families participate by donating to our annual Tricky Tray and supporting our Membership Raffle and various events throughout the school year.

School Calendar/Club Closing

The After School Program follows the **Clifton Public School Calendar**. The After School Program will operate Monday - Friday 3:00 p.m. - 6:00 p.m., and on ½ days 12:55 p.m. - 6:00 p.m. When there is an **Emergency School Closing** (snow day, etc.) or **Early Dismissal**, the After School Program will be **canceled** for the day.

Attendance Procedure

Parents/Guardians picking up members and members participating in the After School Program will be required to scan their club IDs upon entering the building. Parents will be required to sign members out each day and/or provide **written instruction if someone other than the parent** is authorized to pick up the child. If your child is absent from school please call the Boys & Girls Club of Clifton and leave a message for the staff.

Statement of Good Health

I understand that my child is in good health and has **no restrictions** placed upon him/her while participating in the After School Program activities.

Information to Parents Document and Discipline Policy

Please read and sign off on both of these policies in keeping with New Jersey's child care center licensing requirements.

Program – see parent information booklet

I have read and understand the above policies and agree to abide by the Boys & Girls Club of Clifton procedures in order for my child to attend the After School child care program.

Communicable Diseases, Release of Children and Expulsion Policy:

SEE PARENT INFORMATION BOOKLET

BOYS & GIRLS CLUB OF CLIFTON
2017- 2018 AFTER SCHOOL CHILD CARE PROGRAM

September tuition (\$185.00) is due at registration
 \$90.00 for those applying for reduced rate

FOR CLUB USE ONLY
DATE RECEIVED: _____
DEPOSIT: _____
CASH / C.C. / CHK: _____

Please Print

Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: Male or Female

Name of School: _____ Grade (in Sept) 1 2 3 4 5

Father's name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email Address: _____

Mother's name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email Address: _____

Marital Status (please check one)

Single Married Separated Divorced

Ethnicity (please check one)

African American Caucasian Hispanic Asian Multi-Racial Native American

Does your child have any impairment? _____

Are there any special problems we should be aware of? _____

Does your child have or is he/she subject to any of the following:

Asthma Fainting Convulsions Heart Trouble Allergies

Other please specify: _____

Doctor's name: _____ Phone #: _____

Emergency contact person(s) & phone number(s) if parent cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

FOR OFFICE USE ONLY	
MONTHLY PAYMENT: \$ _____	2017 SUMMER BALANCE: _____
16/17 ASP BALANCE DUE: \$ _____	ENTERED BY: _____
MEMBERSHIP DUE: _____	

Emergency Medical Release - Permission to participate in After School Program activities

I, _____ do hereby give my child _____ permission to attend and/or participate in the After Care Program activities, including permission to walk to the emergency evacuation site in the event of an emergency, sponsored by the Boys & Girls Club of Clifton, its employees, associates, and contributors. In further consideration of the benefits to be gained by our child we covenant that we will never institute any action at law against the Boys & Girls Club of Clifton, Inc., its agents, servants and employees, on account of any injury or other loss or damage sustained by my child's participation, furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parents/guardian have been exhausted.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

By signing below, I acknowledge that:

- I have read and received a copy of the Information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services
- I have read and received a copy of the Boys & Girls Club's Discipline Policy
- I have read and received a copy of the Policy on the Management of Communicable Diseases
- I do hereby give my child permission to attend and/or participate in the After School Program activities sponsored by the Boys & Girls Club of Clifton, its employees, associates, and contributors. In further consideration of the benefits to be gained by my child I covenant that I will never institute any action at law against the Boys & Girls Club of Clifton, Inc., its agents, servants and employees, on account of any injury or other loss or damage sustained by my child's participation, furthermore, I hereby authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parents/guardian have been exhausted.
- I have read and understand the policies of the Boys & Girls Club and agree to abide by the Boys & Girls Club of Clifton procedures in order for my child to attend the School's-Out child care program.

CHILD'S NAME _____

SIGNED _____ DATE _____

PARENT and/or GUARDIAN

BOYS & GIRLS CLUB OF CLIFTON
SCHOLARSHIP/INCOME ELIGIBILITY
APPLICATION FORM

ATTACH a **photo copy of your 2016** income tax return claiming the child as a dependent

Please complete this form if you are applying for either a scholarship or reduced rate

Children will participate in all Boys & Girls Club After School programs. Quality care will be provided through adult supervision and guidance. Admission to the program is based on the following income criteria. A family is eligible for a scholarship if their gross income is within the limits listed in the chart below - you will be notified if you receive a scholarship or reduced rate.

<u>Size of family</u>	<u>one</u>	<u>two</u>	<u>three</u>	<u>four</u>
Initial eligibility	\$49,000	\$56,000	\$63,000	\$70,000

<u>Size of family</u>	<u>five</u>	<u>six</u>	<u>seven</u>	<u>eight</u>
Initial eligibility	\$75,600	\$81,200	\$86,800	\$92,400

NAMES OF MEMBERS OF HOUSEHOLD

1. Name: _____ Age: _____
2. Name: _____ Age: _____
3. Name: _____ Age: _____
4. Name: _____ Age: _____
5. Name: _____ Age: _____
6. Name: _____ Age: _____
7. Name: _____ Age: _____
8. Name: _____ Age: _____

BOYS & GIRLS CLUB OF CLIFTON

STATEMENT TO BE SIGNED BY SUBSIDY RECIPIENTS AND APPLICANTS

I understand that the criteria established by the Boys & Girls Club of Clifton for subsidy eligibility is based on the gross income of the family applying for the subsidy and the number of family members dependent upon that income for support.

I understand that the amount for each subsidy and the number of subsidies available is limited. Therefore, the Boys & Girls Club of Clifton cannot and has no obligation to provide all eligible families with subsidies.

I understand the Boys & Girls Club of Clifton reserves the right to make exceptions to the established subsidy criteria when, in its view, an emergency situation exists.

I understand that a portion of the subsidy money I receive or am applying for is obtained for me by the Boys & Girls Club of Clifton and that the other portion is provided by the Boys & Girls Club itself through the various fundraising activities of the Board of Trustees.

I have carefully reviewed my application for participation in the After School day care program and have also carefully reviewed the financial information supplied with the application. I certify that, to the best of my knowledge and belief, the information I have supplied is true, correct and complete. Should there be any change in my financial situation that would affect my subsidy eligibility status I will report the change to the Boys & Girls Club within 20 days.

Child's Name - Please Print

Parent or Guardian Name - Please Print

Parent or Guardian Signature

Date