



# BOYS & GIRLS CLUB OF CLIFTON

## *Great Futures Start Here*

**BE GREAT**

822 CLIFTON AVENUE  
CLIFTON, NJ 07013

PROGRAM INFORMATION  
TEL: (973) 773-2697  
FAX: (973) 773-3103

ADMINISTRATION  
(973) 773-0966

Robert Foster  
*Executive Director*

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Welcome to the Boys & Girls Club of Clifton's state licensed After School Child Care Program. The program is an after school program for children in Christopher Columbus & WWMS starting on **Monday, September 11<sup>th</sup>**.

**Fees:** Middle School Program yearly tuition is \$1050.00. Tuition is based on the school calendar and is divided into equal payments of \$105.00 per month, due by the 1<sup>st</sup> of each month. Payments received after the 10<sup>th</sup> of each month will be assessed a late fee of \$10.00. There will be a fee of \$25.00 for each returned check.

Transportation will be provided by the Club for members enrolled in the After Care Program but will not be provided for children participating in extracurricular activities, tutoring or remedial classes. We encourage students to board the buses immediately after the school bell, as the buses WILL NOT WAIT longer than 10 minutes after the bell rings. If your child misses the bus, please instruct him/her to go to the office and have the office call the Club. There is no guarantee that we will be able to travel back to the school, but we will do our best.

We encourage parents to discuss with their child the SAFETY and concerns of walking to the Club. The Club discourages members walking from school to the Club. If your child must walk from school, it is our policy that the parents notify the Club in writing indicating why the child will be walking. Children will not be allowed to attend the program if the Club does not have a written notice on file. Upon entering the building, the child must check in with the front desk.

It is Club policy that a written letter must be on file if the parents authorize their child to leave the Club in order to walk home. The written notice must specify the dates and times that the child will be allowed to leave.

Parents must sign children out each day and/or provide instructions if someone other than the parent is authorized to pick up the child. If your child is absent from school please call the Club and leave a message for the staff.

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.

Program, Statement of Good Health, Communicable Diseases, Release of Children and Expulsion Policy, Information to Parents Document and Discipline Policy - **SEE PARENTS INFORMATION BOOKLET**

**\*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

BOYS & GIRLS CLUB OF CLIFTON  
2017-2018 MIDDLE SCHOOL PROGRAM

DATE RECEIVED: \_\_\_\_\_

MONTHLY PYMT: \_\_\_\_\_

MEMBERSHIP DATE: \_\_\_\_\_

September tuition \$105.00 is due at registration

Please Print

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male or Female

School: \_\_\_\_\_ Grade: 6<sup>TH</sup> 7<sup>TH</sup> 8<sup>TH</sup>

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

**Race/ Origin (please check one)**

\_\_\_\_ African American      \_\_\_\_ Caucasian      \_\_\_\_ Hispanic      \_\_\_\_ other

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 phone number(s) if parent cannot be reached**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**(OVER)**

