

Boys & Girls Club of Clifton 2016 - 2017

Before Care Application

Drop off Time is 7:00 am

Cost: \$3.00 per day and includes cold cereal and juice. Breakfast will not be provided on non - school days. Please provide the morning care staff a copy of your receipt.

Please Print

Child's Name: _____ Phone: _____

Address: _____

School: 1 2 3 4 9 13 14 15 16 Grade: _____ Age: _____ Gender: M or F

Emergency Contact Name: _____ Phone# _____

Emergency Contact Name: _____ Phone# _____

Emergency Medical Release - Permission to participate in Before Care Program activities

I, _____ do hereby give my child _____ permission to attend and/or participate in the Before Care 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 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.

Parent/Guardian Signature: _____

Date: _____