

**Boys & Girls Club of Clifton 2016 - 2017**

**Before Care Application - Woodland Park  
School Extension Sites  
Drop off Time is 7:30 am**

OFFICE USE ONLY

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

**Please Print**

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

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

School: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male or Female

**Before School Program - fee will be \$100 per month.**

The before school program will operate **Times:** 7:30 – 8:12 am at Memorial and Beatrice Gilmore school sites.  
**Times:** 7:30 – 8:47 am at the Charles Olbon K, 1<sup>st</sup> and 2<sup>nd</sup> grade school site. 20% 2<sup>nd</sup> child discount (\$80.00);  
40% 3<sup>rd</sup> Child (\$60.00) discount will be offered.

**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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Sept: Receipt # & Amount Pd: \_\_\_\_\_

Feb. Receipt # & Amount Pd: \_\_\_\_\_

Oct: Receipt # & Amount Pd: \_\_\_\_\_

Mar. Receipt # & Amount Pd: \_\_\_\_\_

Nov.: Receipt # & Amount Pd: \_\_\_\_\_

Apr. Receipt # & Amount Pd: \_\_\_\_\_

Dec.: Receipt # & Amount Pd: \_\_\_\_\_

May Receipt # & Amount Pd: \_\_\_\_\_

Jan.: Receipt # & Amount Pd: \_\_\_\_\_

June Receipt # & Amount Pd: \_\_\_\_\_