



**BE GREAT**

## **BOYS & GIRLS CLUB OF CLIFTON** *“Great Futures Start Here”*

822 CLIFTON AVENUE  
CLIFTON, NJ 07013

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

ADMINISTRATION  
(973) 773-0966

Robert Foster  
*Executive Director*

### **BOARD OF TRUSTEES**

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*Chairman of the Board*

Dante Liberty  
*President*

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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 based 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 10th.

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

After School Program yearly tuition is \$1,850.00 for the year. Tuition is based on the school calendar and is divided into equal payments of \$185.00 due by the 1<sup>st</sup> 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. The Club is a provider agency with the child care provider referral agency, Passaic County 4C's, and will accept parent subsidy agreements.

#### 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 10<sup>th</sup> of every month. Non automatic 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 assessed for each returned check.

Scholarship/Income Eligibility - Applications will be approved on the basis of need (excluding membership and activity fees). Families eligible for full or partial scholarships must provide the Club with a photo copy of 2017 Income Tax Return claiming the child as a dependent\*

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 cancelled 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.



MEMBER: Boys & 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  
2018 - 2019 AFTER SCHOOL CHILD CARE PROGRAM

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

DATE RECEIVED: _____
DEPOSIT: _____
CASH / C.C. / CHK: _____
RECEIPT #: _____

Please Print

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

School (#): \_\_\_\_\_ Grade (in Sept) 1 2 3 4 5

Mother's name: \_\_\_\_\_ Employed by: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Father's name: \_\_\_\_\_ Employed by: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Marital Status: (please check one) \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Ethnicity: \_\_\_\_ Afr. 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 if parent cannot be reached:

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

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

FOR OFFICE USE ONLY			
Monthly Payment: \$ _____	2018 Summer Balance Due: _____	IE.	4C's: copy: _____
2017/2018 ASP Balance Due: \$ _____	Scholarship _____		
Membership Due: _____	Entered by: _____		

# PARENT

## RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Policy on Methods of Parental Notification  
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

*I have read and received a copy of the information/policies listed above.*

Child(ren)'s Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

By signing below, 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.

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 Care Program activities.

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

ATTACH a photo copy of your 2017 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. Scholarship funding is limited. 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>
<u>Initial eligibility</u>	\$51,550	\$58,900	\$66,250	\$73,600
<u>Size of family</u>	<u>five</u>	<u>six</u>	<u>seven</u>	<u>eight</u>
<u>Initial eligibility</u>	\$79,500	\$85,400	\$91,300	\$97,200

**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.

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Child's Name - Please Print

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Parent or Guardian Name - Please Print

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Parent or Guardian Signature

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Date