



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

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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 CCMS & W/WMS starting on Monday, September 10th.

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 1st of each month. 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 for each returned check. The Club is a provider agency with the child care provider referral agency, Passaic County 4C's, and will accept parent subsidy agreements.

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.

*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 & 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 MIDDLE SCHOOL PROGRAM

September tuition \$105.00 is due at registration

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) 6th 7th 8th

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: _____

2017/2018 ASP Balance Due: \$ _____ 4C's: copay: _____

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: _____