

**Boys & Girls Club of Clifton 2018 - 2019**  
**Extension/School's Out Site Before Care Application**  
**Drop off Time is 7:00 am**

**Program Fees:** 1<sup>st</sup> child: \$60.00, 2<sup>nd</sup> child: \$48.00, 3rd child: \$24.00 a month and includes cold cereal and juice. Breakfast will not be provided on non -school days. Please provide the morning care staff with a copy of your receipt.

**1. Child's Name:** \_\_\_\_\_ **School:** 2 5 8 9 11 13 17

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

**2. Child's Name:** \_\_\_\_\_ **School:** 2 5 8 9 11 13 17

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

**3. Child's Name:** \_\_\_\_\_ **School:** 2 5 8 9 11 13 17

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

**4. Child's Name:** \_\_\_\_\_ **School:** 2 5 8 9 11 13 17

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Parent Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph# \_\_\_\_\_

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

I do hereby give my child/children 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 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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:

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Parent/Guardian's Name:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date