



**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 Liberti  
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Welcome to the Boys & Girls Club of Clifton's state licensed School's Out Extensions Program for children in grades K - 5. The School's Out Extensions Program is an in-school, after school program at the following schools: #2, #3, #5, and #13, from 3:20 p.m. - 6:00 p.m. Parent Information Booklets will be available at registration. Confirmation letters will be mailed out in August. Program start date is **September 10<sup>th</sup>**.

**Fees:** School's Out Extensions Program yearly tuition is \$1,950.00. Tuition is based on the school calendar and is divided into equal payments of \$195.00; payment includes a daily snack and is due by the 1<sup>st</sup> of each month. Fees are not adjusted monthly to reflect vacation and/or school holidays. All of the above fees are based on a 15 hour week. Included at no additional cost are ½ days and full days when schools are closed. 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.

**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.

**Scholarship/Income Eligibility** - The Club has secured funding to provide a limited number of full & partial scholarships for Clifton residents. 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

**School Calendar/Club Closing** - The School's Out Program follows the **Clifton Public School Calendar**. The School's Out Program will operate Monday - Friday 3:15 p.m. - 6:00 p.m., and on ½ days 12:45 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.

**Attendance Procedure** - Parents will be required to sign members out each day and/or provide **written** instructions if someone other than the parent are authorized to pick up the child.

If awarded a scholarship, a deposit of \$100.00 payment for snacks will be due at sign up.

\*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 SCHOOL'S OUT EXTENSION PROGRAM**

\$195.00 September tuition is due at registration  
\$100.00 for those applying for scholarship  
\$90.00 for those applying for reduced rate

**Please circle one: Bus to Club or Stay at Site**

**Kindergarten students will remain at the extension site**

**Please Print**

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

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

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

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

School (#): \_\_\_\_\_ Grade (in Sept) K 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? Yes or No

\_\_\_\_ 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: \$ \_\_\_\_\_ Scholarship IE: \_\_\_\_\_ AC's copy: \_\_\_\_\_

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

Emergency Evacuation Permission to participate in School's Out Extensions 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 – 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>
Initial eligibility	\$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>
Initial eligibility	\$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 School's Out 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 90 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