



**BOYS & GIRLS CLUB  
OF CLIFTON**

822 CLIFTON AVENUE  
CLIFTON, NJ 07015

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

ADMINISTRATION  
(973) 773-0966

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*Executive Director*

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**BOYS & GIRLS CLUB OF CLIFTON**  
**GREAT FUTURES START HERE.**

Welcome to the Boys & Girls Club of Clifton’s – Woodland Park School District state licensed After School Child Care Program for children in grades K – 8 for Beatrice Gilmore, Charles Olbon Elementary schools and Memorial Middle School.

The After School Program operates from 2:48 – 6:00 p.m. at Beatrice Gilmore and Memorial School and from 3:28-6:00 p.m. at Charles Olbon School. Parents will be assessed a \$5.00 late fee payable upon pick for every 15 minutes for any children remaining in the program after 6:15 p.m. Parent information booklets will be available at registration and confirmations will be mailed out in August. Program start date is **September 5, 2018**. The cost of the After School Program yearly tuition is \$1,750. A deposit of \$175.00 is due at registration (applied as your September payment). Second child rate \$1,400.00; third child rate \$1,005.00 for the year.

Tuition is based on the school calendar and is divided into equal payments of \$175.00 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. Snack is provided or parents may opt to have members bring a snack from home. Due to peanut allergies, we request that any snacks provided from home, do not contain nuts.

**Before School Program**

The cost of before care is \$60.00 per month. The before program will operate from 7:30 am – 8:07 at Beatrice Gilmore and Memorial Middle Schools and at 7:30 am – 8:48 am at Charles Olbon.

**Automatic Payment, Late and Return Check Fees**

The Club offers automatic payments for any parents who wishes to keep a credit card on file. Payments will be processed by the 10th of every month. Non-automatic payments received after the 10th of each month will be assessed a late fee of \$10.00. There will be a fee \$25.00 assessed for each returned check.

**Scholarship/Income Eligibility**

The Boys & Girls Club of Clifton is a provided agency with the child care provided agency in Passaic County 4C’s and will accept parent subsidy agreements. The Club will also offer reduced rates to those families that are income eligible. Applications will be approved on the basis of need (excluding membership and activity fees). Families eligible for partial scholarships must provide the Boys & Girls Club of Clifton with the following information.

- A. Completed After School program application
- B. 2018 photo copy of Income Tax Return claiming the child as a dependent



**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  
WOODLAND PARK SCHOOL DISTRICT  
2018- 2019 AFTER SCHOOL CHILD CARE PROGRAM**

Date Received: _____
Deposit: _____
Cash / C.C. / CHK: _____
Receipt#: _____

Tuition is due by the 1<sup>st</sup> of the month

Please Print

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

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

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

Name of School: \_\_\_\_\_ Grade: K 1 2 3 4 5 6 7 8

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

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

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

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

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

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

Marital Status (please check one)

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced

Ethnicity (please check one)

\_\_\_\_ African 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 person(s) & phone number(s) if parent cannot be reached:

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

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

FOR OFFICE USE ONLY	
MONTHLY PAYMENT: \$ _____	2018 SUMMER BAL: _____
2017/2018 ASP BAL: _____	SCHOLARSHIP I.E 4C'S: CO PAY: _____
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:

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Parent/Guardian's Name:

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Signature

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Date

**Emergency Medical Release –**  
**Emergency Evacuation/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 School's Out 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 - BEFORE & AFTER SCHOOL PROGRAM AT  
WOODLAND PARK SCHOOL DISTRICT**

**STATEMENT TO BE SIGNED BY SUBSIDY RECIPIENTS AND APPLICANTS**

I understand that the criteria established by the Boys & Girls Club of Clifton - Woodland Park School District 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 - Woodland Park School District 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