

Boys & Girls Club of Clifton – Woodland Park School District
2018 – 2019 Before Care Application - Drop off Time is 7:30 am
\$60.00 per month

Please Print

Parent name: _____ Phone: _____

Address: _____

1st Child's Name: _____ Gr: _____ School: **BG / CO / MM**

2nd Child's Name: _____ Gr: _____ School: **BG / CO / MM**

3rd Child's Name: _____ Gr: _____ School: **BG / CO / MM**

Emergency Contact Name: _____ Phone# _____

Emergency Contact Name: _____ Phone# _____

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

I, _____ do hereby give my child _____ permission to attend and/or participate in the Before Care Program activities sponsored by the Boys & Girls Club of Clifton and Woodland Park School District, 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/Guardian 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:

Parent/Guardian's Name:

Signature

Date