



**BOYS & GIRLS CLUB
OF CLIFTON**

BOYS & GIRLS CLUB OF CLIFTON

GREAT FUTURES START **HERE.**

822 CLIFTON AVENUE
CLIFTON, NJ 07015

PROGRAM INFORMATION
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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 School's Out child care program for children in grades 1 - 5. The School's Out child care program is an in-school, after school program at the following schools: #1, #2, #3, #5, #8, #9, #11, #12, #13, #14, and #15, from 3:15 p.m. - 6:00 p.m. and schools #12 and #17 program from 2:45 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 **Monday, September 9th**

Fees: School's Out 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 1st 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.

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 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 of \$25.00 assessed for each returned check.

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 their 2018 Income Tax Return claiming the child as a dependent

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.

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

Members participating in the School's Out Program will be required to scan their club ID's upon entering the building. 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.

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.



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
2019 - 2020 SCHOOL'S OUT CHILD CARE PROGRAM

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

September tuition \$195.00 is due at registration
\$100.00 for those applying for scholarship
\$90.00 for those applying for reduced rate
Kindergarten for sites #2, #3, #5, #8 & #13 only

Please Print

Child's Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Date of Birth: ____/____/____ Age: _____ Gender: Male or Female
Name of 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: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Ethnicity: ___ African Amer ___ Caucasian ___ Hispanic ___ Asian ___ Multi-Racial ___ Native Amer

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: _____

Doctor's name: _____ Phone #: _____

Emergency contact person(s) & phone number(s) if parent cannot be reached:

Name: _____ Phone: _____
Name: _____ Phone: _____

Monthly Payment: \$ _____	2018 Summer Balance: _____
2017/2018 ASP Balance Due: \$ _____	FOR OFFICE USE ONLY I.E. 4C's co pay: _____
Membership Due: _____	Scholarship: _____
	Entered By: _____

**Emergency Medical Release – Emergency Evacuation Permission to participate in School’s
Out 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
SCHOLARSHIP/INCOME ELIGIBILITY
APPLICATION FORM

ATTACH a **photo copy of your 2018** 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	59,750	\$68,250	\$76,800	\$85,300

<u>Size of family</u>	<u>five</u>	<u>six</u>	<u>seven</u>	<u>eight</u>
Initial eligibility	\$92,150	\$98,950	\$105,800	\$112,600

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 20 days.

Child's Name - Please Print

Parent or Guardian Name - Please Print

Parent or Guardian Signature

Date