

**Boys & Girls Club of Clifton 2021 - 2022  
Club (MAIN) Site Before Care Application  
Drop off Time is 7:00 am**

**Cost: 1<sup>st</sup> child: \$60.00, 2<sup>nd</sup> child: \$48.00, 3<sup>rd</sup> 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.

**Please Print**

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

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

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

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

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

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

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/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: \_\_\_\_\_

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 #: \_\_\_\_\_

**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: \_\_\_\_\_

**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