



**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

Robert Foster
Executive Director

BOARD OF TRUSTEES

Dante Liberti
Chairman of the Board

Richard Mariso
President

Cindy DeVos
First Vice President

Thomas Fieldhouse
Treasurer

Katrine Hyde, Esq.
Secretary

Keith Oakley
Historian

BOYS & GIRLS CLUB OF CLIFTON
GREAT FUTURES START HERE.

Welcome to the Boys & Girls Club of Clifton's state licensed After School Child Care Program. The program is an after school program for children in CCMS & WWMS starting on Monday, September 13th

Fees: Middle School Program yearly tuition is \$1100.00. Tuition is based on the school calendar and is divided into equal payments of \$110.00 per month, due by the 1st of each month. 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 for each returned check.

Transportation will be provided by the Club for members enrolled in the After Care Program but will not be provided for children participating in extracurricular activities, tutoring or remedial classes. We encourage students to board the buses immediately after the school bell, as the buses WILL NOT WAIT longer than 10 minutes after the bell rings. If your child misses the bus, please instruct him/her to go to the office and have the office call the Club. There is no guarantee that we will be able to travel back to the school, but we will do our best.

We encourage parents to discuss with their child the SAFETY and concerns of walking to the Club. The Club discourages members walking from school to the Club. If your child must walk from school, it is our policy that the parents notify the Club in writing indicating why the child will be walking. Children will not be allowed to attend the program if the Club does not have a written notice on file. Upon entering the building, the child must check in with the front desk.

It is Club policy that a written letter must be on file if the parents authorize their child to leave the Club in order to walk home. The written notice must specify the dates and times that the child will be allowed to leave.

Parents must sign children out each day and/or provide instructions if someone other than the parent is authorized to pick up the child. If your child is absent from school please call the Club and leave a message for the staff.

The After School Program follows the Clifton Public School Calendar. The After School Program will operate Monday - Friday 3:00 p.m. - 6:00 p.m., and on ½ days 12:55 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.

***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
2021-2022 MIDDLE SCHOOL PROGRAM

September tuition \$110.00 is due at registration

Please Print

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

Child's Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Date of Birth: _____ Age: _____ Gender: Male or Female
School (#): _____ Grade (in Sept.)

Mother's name: _____ Employed by: _____
Cell phone #: _____ Work #: _____
Email Address: _____

Father's name: _____ Employed by: _____
Cell phone #: _____ Work #: _____
Email Address: _____

Marital Status: (check one) Single Married Separated Divorced Widowed

Ethnicity: Afr. Amer Caucasian Hispanic Asian Bi-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: please specify: _____

Doctor's name: _____ Phone #: _____

Emergency contact if parent cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

FOR OFFICE USE ONLY

Monthly Payment: \$ _____ 2020 Summer Balance Due: _____

20/21 ASP Balance Due: \$ _____ Scholarship IE. 4C's: copay: _____

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's Name: _____

Parent/Guardian's Name: _____

Signature

Date

Emergency Medical Release -
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 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: _____