

**BOYS & GIRLS CLUB OF CLIFTON**  
**2021 - 2022 SCHOOL'S OUT EXTENSION PROGRAM**

\$200.00 September tuition is due at registration  
\$100.00 for those applying for scholarship  
\$90.00 for those applying for reduced rate

**Please check one:      Bus to Club   or      Stay at Site**

**Kindergarten students will remain at the extension site**

**Please Print**

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: (please check one)      Single      Married      Separated      Divorced      Widowed

Ethnicity:      Afr. 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?    Yes    or    No

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: \$ \_\_\_\_\_ 2021 Summer Balance Due: \_\_\_\_\_

2020/2021 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**

**Emergency Evacuation Permission to participate in School's Out Extensions 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: \_\_\_\_\_

**BOYS & GIRLS CLUB OF CLIFTON  
SCHOLARSHIP/INCOME ELIGIBILITY  
APPLICATION FORM**

ATTACH a **photocopy of your 2020** 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	\$57,700	\$65,950	\$74,200	\$82,400

<u>Size of family</u>	<u>five</u>	<u>six</u>	<u>seven</u>	<u>eight</u>
Initial eligibility	\$89,000	\$95,600	\$102,200	\$108,800

**OTHER MEMBERS OF HOUSEHOLD OTHER THAN CHILD & PARENT(S)**

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