



**BOYS & GIRLS CLUB
OF CLIFTON**

822 CLIFTON AVENUE
CLIFTON, NJ 07015

PROGRAM INFORMATION
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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 for children in grades K - 8. The following Clifton public schools are bused to the Club: School #1, #2, #3, #4, #5, #9, #11, #12, #13, #14, #16, CCMS, WWMS and parochial schools. The following Schools Out Site will remain at the school for aftercare: #1, #2, #3, #5, #8, #9, #11, #13, #14, #15 & #17. The After School Program operates from 3:00 - 6:00 p.m. Parent Information Booklets is available on our website at www.bgccclifton.org. **Program start date is Monday, September 12th.**

After School Program yearly tuition

A deposit of \$200.00 is due at registration members in grades K - 5th

A deposit of \$110.00 is due at registration members in grades 6th - 8th

\$2000.00 for the year for grades K- 5th grade and \$1,100 for the year for 6th - 8th grades. Tuition is based on the school calendar and is divided into equal payments due by the 1st of each month. The Club is a provider agency with the child care provider referral agency, Passaic County 4C's, and will accept parent subsidy agreements.

New Kindergarten Registration only at the School's Out Site (Not at the Club)

Enrollment at the Schools' Out Sites are open for kindergarten students who are 5 years old and registered to attend Kindergarten at that school and will remain at the School Site. Because of licensing we cannot accept kindergarten children at the Club, except at the Early Childhood Department. The following schools will offer aftercare for kindergarten: #1, #2, #3, #5, #8, #9, #11, #13, #14, #15 and #17.

Before Care Program - No before school for middle school students

The tuitions for Before Care are \$60 (1st child) \$48 (2nd child) and \$24 (3rd child). The Club will provide bus services for members in Kindergarten - Age 6 through 5th grade attending the following schools: #1, #3, #4, #12, #14, #15 and #16. The following schools will be held at the site: #2, #5, #8, #9, #11, #13, & #17. Payment is due by the 1st of every month. Breakfast provided for kids being transported from the Club to school all other sites can participate in the schools' breakfast program.

Scholarship/Income Eligibility (grades 6th - 8th cannot apply) - Applications will be approved on the basis of need (excluding membership and activity fees). Families eligible for full or partial scholarships must be a Clifton resident and provide the Club with a **photo copy** of 2021 Income Tax Return claiming the child as a dependent.



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
2022- 2023 CHILD CARE PROGRAM APPLICATION

BEFORE CARE OPTIONS

- Before School Care (not available for gr 6 - 8)
 Check if child is in Kindergarten

AFTERSCHOOL OPTIONS

- Bus to Club from School
 Stay at School Site (except for schools #4, #12, #16, Middle School and Parochial schools)

Child's Name: _____ Best Phone to call: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: Male Female Transgender Non-Binary

School: _____ Gr.: K 1 2 3 4 5 6 7 8

No kindergarten at the Club for aftercare

Parent's name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email Address: _____

Parent's name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email Address: _____

Marital Status: (please check one) ___Single ___ Married ___Separated ___Divorced ___Widowed

Ethnicity: ___Afr. American ___Caucasian ___Hispanic ___Asian ___Multi-Racial ___Native American

Are there any custody issues we should be aware of? (must provide court order) Yes No

Does your child have any special needs? _____

Is your child subject to: Asthma Fainting Convulsions Heart Trouble Allergies

Other: please specify: _____

Emergency contact if parent cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

FOR OFFICE USE ONLY

Monthly Payment: \$ _____ 2022 Summer Balance Due: _____

22/23 ASP Balance Due: \$ _____ Scholarship IE. 4C's: copay: _____

Dep Pd: _____ on _____ Receipt # _____ Entered by: _____

PLEASE SEE THE PARENT HANDBOOK FOR THIS INFORMATION

**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

**Emergency Medical Release -
Permission to participate in Before & After School Childcare 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: _____

Doctor's Name: _____ Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

**BOYS & GIRLS CLUB OF CLIFTON
SCHOLARSHIP/INCOME ELIGIBILITY FOR MEMBERS IN K -5TH GRADE ONLY
APPLICATION FORM**

Please complete this form and attach a **photo copy of your 2021** income tax return claiming the child as a dependent if you are applying for either a scholarship or reduced rate - **members in grades 6th - 8th do not qualify for assistance but may apply for 4C's in Passaic County.**

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. Scholarship funding is limited. You will be notified if you receive a scholarship or reduced rate.

<u>Size of family</u>	<u>two</u>	<u>three</u>	<u>four</u>
Initial eligibility	\$69,500	\$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	\$95,000	\$102,200	\$108,800

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 After School day care 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