

MEMBERSHIP INFORMATION FORM

Boys & Girls Club of Clifton
 822 Clifton Avenue
 Clifton, NJ 07013
 (973) 773-2697 - Front Desk
 (973) 773-3103 - Fax

Memberships are valid 1 year from date joined. Please fill out all information!
 Dues: \$40.00 for 1 Member \$30.00 for each additional child(ren)
 Memberships are non-refundable
 If all information is not filled out Membership will be VOID

Member Information: (Please Print)

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Address: _____

 (City) _____ (State) _____ (Zip) _____

Ethnicity:	
<input type="checkbox"/>	African American
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Multi-Racial
<input type="checkbox"/>	Other

Home Phone Number: _____ **Birth Date:** _____

Gender: Male Female Transgender Non-Binary **Can Child Swim:** Y N

School: _____ **City:** _____

Grade: _____ **Special Class:** _____

Medical Information:

Name of Doctor _____ **Phone Number:** _____

Allergies and/or Medications: _____

INCOME LEVEL					
Family Size: _____		Family Income: Check One			
Under 25,700	Under 39,650	Under 48,450	Under 63,000	Under 75,900	Under 97,200
Under 29,400	Under 42,600	Under 49,000	Under 66,100	Under 80,800	Under 100,400
Under 33,050	Under 42,850	Under 55,100	Under 71,000	Under 81,000	Under 111,600
Under 36,700	Under 45,550	Under 61,200	Under 72,000	Under 90,000	Over 118,800

Parent / Guardian (Please Print)

First Name: _____ **Last Name:** _____ **Gender:** Male Female

Address: _____
 (Line 1) _____

 (Line 2) _____

 (City) _____ (State) _____ (Zip) _____

Phone Number: _____ **Phone Type:**

_____ ext. _____ Home Work Cell

_____ ext. _____ Home Work Cell

E-Mail Address: _____ **E-Mail Type:** Home Work

Employer: _____ **Job Title:** _____ **Occupation:** _____

Family Setting:		
<input type="checkbox"/> Divorced	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Single
<input type="checkbox"/> Separated	<input type="checkbox"/> Married	<input type="checkbox"/> Other

Other Parent / Guardian (Please Print)

First Name:

Last Name:

Gender:

Male Female

Address:

(Line 1)

(Line 2)

(City) (State) (Zip)

Phone Number:

Phone Type:

Ext.

Home Work Cell

Ext.

Home Work Cell

E-Mail Address:

E-Mail Type: Home Work

Employer:

Job Title:

Occupation:

Pick Up Information: (Please Print)

Two people authorized to pick up member - NOT A PARENT/GUARDIAN

1.) **First & Last Name:**

Relationship:

2.) **First & Last Name:**

Relationship:

Phone Number:

Phone Number:

For the Boys & Girls Club of Clifton to maintain programs at the lowest cost to parents we apply for federal funding when available. To receive this funding we must supply them with information including income levels of our membership. We ask for your voluntary cooperation by completing the form below so we can continue to provide our services to the youth of Clifton at an affordable cost to the families.

Check all that Apply

- TANF
- Food Stamps
- General Assistance
- SSDI
- SSI
- Veterans Compensation
- Day Care Voucher
- School Lunch
- Medicaid
- 4C's

Have you ever been involved in the Boys & Girls Club of Clifton? YES NO

If yes, what years

Would you like to be on our Alumni Mailing list? YES NO

I, _____ do hereby give my son/daughter _____ permission to attend and/or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the Boys & Girls Club of Clifton, it's 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 by law against the Boys & Girls Club of Clifton, Inc., it's agents, servants and employees, on account of any injury or other loss or damage sustained by our 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 parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith.

Parent/Guardian Signature:

Date:

No Digital Signatures, you must print this Completed document and Physically sign & date it before submitting it.

FOR OFFICE USE ONLY

MEMBERSHIP

- NEW
- CURRENT
- LAPSED

OFFICE

ID NUMBER: _____

DATE ENTERED: _____

ENTERED BY: _____

DATE: _____

RECEIPT #: _____

AMOUNT: _____

INITIALS: _____

**BOYS & GIRLS CLUB OF CLIFTON
2023 SUMMER PROGRAM APPLICATION**

- Campers 6 years of age, must currently be 1st grade
- Copy of camper's report card is **REQUIRED** at time of sign up for 1st graders only
- Copy of immunization record must be attached
- 50% deposit required at sign up
- \$30.00 non-refundable registration fee

STAFF USE ONLY	
Date: _____	Staff Intl: _____
Deposit: _____	+ Reg. Fee: \$30.00
# of Sessions: _____	CC, Cash, 4C's or Check #: _____
Total Paid: _____	Receipt # _____

Type none or n/a if the questions does not apply in order to complete application process

Child's First Name: _____ Middle: _____ Last: _____
Address: _____ City: _____ Zip: _____

Age: ____ DOB _____ Gender: M F Transgender Non-Binary

Member #: _____ School: _____ Grade: _____

Parent/ Guardian: _____ Parent/ Guardian: _____
Employed by: _____ Employed by: _____
Work phone #: _____ Work phone #: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Are there any **CUSTODY** concerns? If yes, please attach a court order. YES or NO
Does your child suffer from any **MEDICAL** problems? Yes or No. If yes please explain below:

Does child take any **MEDICATIONS**? Yes or No If so, what kind: _____

Does child have any **DISABILITIES**? Yes or No If so, please explain: _____

Name of Doctor: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION – OTHER THAN PARENTS'/ GUARDIANS'

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Does the member have any siblings in GBH / KK or CAMP? Yes or No. If yes, please list children:

FOR OFFICE USE ONLY							
Applying for: S RR	4C's/Co Pay \$ _____	Child: 1 st	2 nd	3 rd	4 th	5 th	6 th 7 th
ASP bal. _____	Before Care bal. _____	2022 Summer bal. _____.					
Memb exp: _____	2023 Summer bal. _____.						
Entered by: _____	Camp Group: _____.						

**Boys & Girls Club of Clifton
2023 Summer Program Sessions**

It is the parents' responsibility to order the correct size shirt for their children. If you order the incorrect size a replacement shirt will cost \$8.00 each and can take up to 2 weeks to receive.

Shirt size:	Youth SM (6-8)	Youth M (10-12)	Youth LG (12-14)	Youth XL (14-16)
	Adult SM	Adult M	Adult LG	Adult XL
				Adult XXL

Please check the sessions your child will be attending. Space is limited as we can only allow a limited number of campers in a group per session. We cannot guarantee space availability once camp begins to add additional sessions. A \$30.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED plus 50% deposit required at sign up. Balance for camp is due by June 17th. If you are registering for 1 session FULL PAYMENT is required.

Camp Cost:

\$140.00 per week for the 1st child
(due to the holiday session 1 pro-rated cost is \$90.00)

\$126.00 per week for additional children in the same household
(due to the holiday session 1 pro-rated cost is \$80.00)

\$90.00 per week for those who qualify for the reduced rate
(due to the holiday session 1 pro-rated cost is \$60.00)

Session #1 _____ July 5 th – July 7 th	Session #5 _____ July 31 st – August 4 th
Session #2 _____ July 10 th – July 14 th	Session #6 _____ August 7 th - August 11 th
Session #3 _____ July 17 th – July 21 st	Session #7 _____ August 14 th – August 18 th
Session #4 _____ July 24 th – July 28 th	Session #8 _____ August 21 st – August 25 th

Session Totals: _____

Admission to the scholarship/ reduced rate program is based on the following income criteria. A family may be eligible if their GROSS INCOME is within the limits listed in the chart below and if scholarships/ reduced rates are available. Do not assume you will be granted a scholarship / reduced rate, as scholarships / reduced rates are limited. Families will be notified about the determination of their application. Attach a photo copy (all income tax papers will have to be kept throughout summer camp) of your 2022 income taxes at the time of sign up to avoid a delay in processing your application. Eligible camper(s) must be claimed as a dependent.

<u>Size of family</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	
Initial Eligibility	72,000	81,000	90,000	
<u>Size of family</u>	<u>Five</u>	<u>Six</u>	<u>Seven</u>	<u>Eight</u>
Initial Eligibility	97,200	104,400	111,600	118,800

Boys & Girls Club of Clifton
2023 Summer Camp - Health Examination Form
THIS FORM MUST BE COMPLETED BY PARENTS
Camper immunization record must be attached to application

Child's First Name: _____ Middle: _____ Last: _____

Age: ____ DOB _____ Gender: M F Transgender Non-Binary

Parent/Guardian Name: _____ Cell Phone#: _____

Address: _____ City: _____ Zip: _____

Employed by: _____ Phone: _____

EMERGENCY CONTACT INFORMATION – OTHER THAN PARENTS'/ GUARDIANS'

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Operations or serious injuries and dates: _____

Chronic or recurring illness or medical condition: _____

Dietary restrictions: _____

Diseases: _____

Family Physician Name: _____ Phone: _____

Dentist/Orthodontist Name: _____ Phone: _____

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? YES OR NO

Carrier: _____ Policy/Group #: _____

Carrier Address: _____ City: _____ St: _____

SUGGESTIONS ON HEALTH-RELATED INFORMATION FOR CAMP PERSONNEL:

Parents Authorization – this health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Club activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the Club Director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Club Director to hospitalize, secure proper treatment for and to order infection and/or anesthesia and/or surgery for my child as named above.

Signature: _____ Date: _____

BOYS & GIRLS CLUB OF CLIFTON, INC.
2023 Trip Permission Slip
Emergency Evacuation Permission

I, _____ residing at _____, hereby in consideration of the benefits to be gained by our (my) child _____, hereby consent to our (my) child's attendance and/ or participation at **2023 SUMMER CAMP, TRIP PROGRAM and / or in event of an EMERGENCY EVACUATION from the Club facility during the months of JULY 5th – AUGUST 25th** at the expense of and under the sponsorship, auspices, direction, control and jurisdiction of *The Boys & Girls Club of Clifton, NJ, Inc.* its agents, servants and employees.

In further consideration of the benefits to be gained by our (my) child, we (I) covenant that we (I) will never, individually or as legal guardian(s) of our (my) child, institute any action at law or in equity against *The Boys & Girls of Clifton, N.J., Inc.* its agents, servants and employees, on account of any injury or other loss or damage sustained or that might be sustained by us (me) or by our (my) child as a result of our (my) child's attendance at **THE SUMMER, CAMP TRIP PROGRAM and /or EMERGENCY EVACUATION** from the Club facility covenant may be used by *The Boys & Girls Club of Clifton* as a defense to any action or proceeding that may be brought or instituted by us (me), our (my) heirs or legal representatives in breach of this agreement, we (I) hereby give our (my) consent, in the event all reasonable attempts to contact us (me) at:

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email: _____

have been unsuccessful for the administration of any medical or dental treatment deemed necessary for our (my) child by any licensed physician or dentist and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

The following information is needed by any hospital, physician or dentist not having access to the child's history:

Allergies and/or Medications: _____
Date of last tetanus shot: _____

Physical DISABILITIES & other important medical problem we should be aware of:

If this agreement is signed by only one person, that person represents that he or she is the only person having custody of the minor child named herein and that no other person's agreement or authorization for the purposes hereof is required.

Signature: _____ Date: _____

**BOYS & GIRLS CLUB OF CLIFTON
2023 SUMMER CAMP
PARENT/CLUB AGREEMENT**

I grant permission to the Boys & Girls Club of Clifton, Inc. to authorize medical care for my child in an emergency.

I have read and understand the Information Sheet and Program Guide and agree to abide by the Boys & Girls Club of Clifton's policies and procedures in order for my child to participate in the summer program.

I understand that if I am awarded a camp scholarship, my child must attend camp at least 3 days weekly. If my child's attendance is less than 3 days per week, the Club will forfeit my scholarship and I will be responsible for the balance of summer camp.

I understand that Camp Clifton fee is non-refundable no refunds will be given for missed days at Summer Camp INCLUDING TRIPS. The Club will do their best to accommodate if you need to switch weeks. If requesting to switch weeks, such request must be written at least one week in advance.

I believe my child to be in good health and has my permission to participate in all recognized Club activities. Unless specified above, my child has my permission to participate in any regular Club trips that will include activities off of Club property (daily park trips, scheduled outings and special events). I have listed all warnings and restrictions.

I grant the Club my permission to use photographs, slides, and/or videotapes taken of my child while participating at the Club in future brochures, newsletters, and visual-audio presentations, and other forms of legitimate Club promotion, provided no identifications are made in those promotions.

In consideration of the permission and privilege of my child to participate in reasonable and normal Club activities, I hereby agree to indemnify and save and hold harmless Boys & Girls Club of Clifton, its staff and volunteers from all and any losses, claims or actions of any kind or nature that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in all reasonable and normal activities sponsored by the Boys and Girls Club of Clifton.

NJ STATE LAW AND CAMP REQUIREMENT: Attach a copy of camper's immunization record to the application. Your application will not be accepted without it.

4C'S RECIPIENTS: Attach a copy of your 4C's agreement listing summer service dates (July 5th – August 25th). Questions regarding 4C's contracts can be addressed to Tara Dittus by calling (973) 773-2697 ext 127 or email at tdittus@bgcclifton.org.

SCHOLARSHIPS OR REDUCED RATES APPLICANTS: Attach a photo copy of your 2022 income taxes claiming the camper as a dependent. If you are currently on a scholarship/reduced rate you must re-apply. Do not assume you will receive a scholarship or reduced rate as these funds are limited. You will be notified if you are awarded.

LATE PICK UP NOTICE: If your child is picked up late 3 times during the camp season your child will be suspended from the program. If, after re-entry to the program, a 4th late pick up your child will be removed from camp. Please be aware that if your child is not picked up by 6:00pm we will have to turn custody of your child over to the Clifton Police Department and notify the Department of Human Services of child abandonment.

***** There is a late pick-up charge of \$5.00 for each or up to every 15 minutes late, we will use our cellphone to keep track of the time.**

Signature: _____ Date: _____

Membership must be current and active for the entire duration of enrollment of camp to sign up for Camp Trips.

General Membership Information

- 1) **Memberships are Non-Refundable.** The cost is \$40 for the first child and \$30 for each additional child within the same household.
- 2) Memberships are valid one year from the day of payment and/or the membership form is received.
- 3) Memberships will be updated by 11:00 AM the following business day if processed online. Business days are Monday-Friday

How to: Create a Parent Portal Account

- 1) Go to parentportal.bgccclifton.org, click "New User" button, and fill in parent/guardian email, create a password and security question and answer. Once your information is in the system, check your email link to validate and activate your account.
- 2) Follow the verification link, log in using the email and previously created password.
- 3) Complete/fill the parent/guardian information and household information.

How To: Add Children as Members

This must be done for each and every child. (4 years old and up ONLY).

- 1) Navigate to "Profile" tab then scroll down to "Add New Member."
- 2) Complete member information. Repeat Step 1 and 2 for each child you would like to enroll in a Program/Trip.

How to Pay for Trips/Membership

1. Click on Enroll tab at the top of the page.
2. Using the black down arrow:
3. Select the member you wish to pay/renew membership
4. Select the Club/Unit: "Boys & Girls club of Clifton"
5. Select "Trip you would like your child to attend", Or "Youth Annual Membership (1st Child)"
6. Scroll down, click "continue to step 2," and then add to cart.
7. If you would like to add more trips click continue shopping and repeat step 1 and 2, then select "Trip you would like your child to attend", Or "Youth Annual Membership (Additional Child)" and proceed to check out.
8. Enter your payment information.
9. Carefully read and accept our Terms and Conditions Agreement.
10. Click Pay: \$Amount owed for trips.

**Make sure you get a confirmation email. If you do not receive an email your children may not be signed up for trips.
Please call Tara at 973-773-2697 ext. 127**

Trips in shopping cart are not guaranteed until payment is made.