



**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**

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*Chairman of the Board*

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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 School's Out Sites 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 Booklet is available on our website at [www.bgccifton.org](http://www.bgccifton.org). **Program start date is Monday, September 11<sup>th</sup>.**

**After School Program yearly tuition**

**A deposit of \$450.00 is due at registration (1<sup>st</sup> & last month payment) members in grades K - 5<sup>th</sup>**

**A deposit of \$220.00 is due at registration (1<sup>st</sup> & last month payment) members in grades 6<sup>th</sup> - 8<sup>th</sup>**

**\$2250.00 for the year for grades K- 5<sup>th</sup> grade and \$1,100 for the year for 6<sup>th</sup> - 8<sup>th</sup> grades.** Tuition is based on the school calendar and is divided into equal payments **due by the 1<sup>st</sup> 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.

Kindergarten children may register to attend aftercare for the Schools Out sites where they will remain on site at the following schools: #1, #2, #3, #5, #8, #9, #11, #13, #14, #15 and #17. If you wish to have your kindergarten child bused to the Club, please contact our Early Childhood Department at (973) 773-2697 ext. 143.

**Before Care Program**

The tuitions for Before Care are \$60 (1<sup>st</sup> child), \$48 (2<sup>nd</sup> child) and \$24 (3<sup>rd</sup> child). The Club will provide bus services for members in Kindergarten - 5<sup>th</sup> grade attending the following schools: #1, #3, #4, #12, #14, #15 and #16. The following schools' programs will be held at the site: #2, #5, #8, #9, #11, #13, & #17. Payment is due by the 1<sup>st</sup> 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 6<sup>th</sup> - 8<sup>th</sup> 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 Clifton residents and provide the Club with a **photocopy** of 2022 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**  
**2023- 2024 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 copy of court order) \_\_Yes or \_\_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: \$ \_\_\_\_\_ 2023 Summer Balance Due: \_\_\_\_\_

23/24 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:

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Parent/Guardian's Name:

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Signature

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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 -5<sup>TH</sup> GRADE ONLY  
APPLICATION FORM**

Please complete this form and attach a **photo copy of your 2022** income tax return claiming the child as a dependent if you are applying for either a scholarship or reduced rate - **members in grades 6<sup>th</sup> - 8<sup>th</sup> 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>
<b>Initial eligibility</b>	<b>\$72,000</b>	<b>\$81,000</b>	<b>\$90,000</b>

<u>Size of family</u>	<u>five</u>	<u>six</u>	<u>seven</u>	<u>eight</u>
<b>Initial eligibility</b>	<b>\$97,200</b>	<b>\$104,400</b>	<b>\$111,600</b>	<b>\$118,800</b>

**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.

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Child's Name - Please Print

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Parent or Guardian Name - Please Print

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Parent or Guardian Signature

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Date