



**BOYS & GIRLS CLUB
OF CLIFTON**

BOYS & GIRLS CLUB OF CLIFTON

GREAT FUTURES START HERE.

822 CLIFTON AVENUE
CLIFTON, NJ 07015

PROGRAM INFORMATION
TEL: (973) 773-2697
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ADMINISTRATION
(973) 773-0966

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Executive Director

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Welcome to the Boys & Girls Club of Clifton's - Clifton **EARLY LEARNERS ACADEMY WRAPAROUND CHILD CARE** state licensed Pre-K - Early Learners Program for children ages 3- & 4-year-olds to be held at **CELA S** operated by the Boys & Girls Club of Clifton

The Early Learners wrap around program operates before school 7:05 am to 9:10 am and after school 3:20 - 6:00 p.m. Parents will be assessed a \$5.00 late fee payable upon pick for every 15 minutes for any children remaining in the program after 6:15 p.m. Parent information booklets will be available at registration and confirmations will be mailed out in August. Program start date is **Monday, September 11th**. The cost of the **Early Learners Program yearly tuition is \$4,250.00**. A deposit of **\$425.00** is due at registration (applied as your September payment). Additional child rate of \$ 385.00.

Tuition is based on the school calendar and is divided into equal payments of \$425.00 due by the 1st of each month. Tuition is not adjusted monthly to reflect vacation and or school holidays; included at no additional cost are ½ days. Snack is provided or parents may opt to have members bring a snack from home. Due to peanut allergies, we request that any snacks provided from home, do not contain nuts.

Automatic Payment, Late and Return Check Fees

The Club offers automatic payments for any parents who wishes to keep a credit card on file. Payments will be processed by the 10th of every month. Non automatic payments received after the 10th of each month will be assessed a late fee of \$10.00. There will be a fee \$25.00 assessed for each returned check.

Income Eligibility

The Boys & Girls Club of Clifton is a provided agency with the child care provided agency in Passaic County 4C's and will accept parent subsidy agreements. The Club will also offer **reduced rates of \$250.00** to those families that are income eligible. Applications will be approved on the basis of need (excluding membership and activity fees). Families eligible for partial scholarships must provide the Boys & Girls Club of Clifton with the following information.

- A. Completed Early Learners Program application
- B. 2022 photo copy of 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 CLIFTON EARLY LEARNERS' ACADEMY CHILD CARE PROGRAM AT SPEER AVENUE

Date received: _____
Dep: received: _____
Payment: Cash CC <u>check #</u> _____
Receipt # _____

Tuition is due by the 1st of the month

Please Print

Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male or Female

Name of School: _____ AGE: 3 4

Father's Name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email Address: _____

Mother's Name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email Address: _____

Marital Status (please check one)

Single Married Widowed Separated Divorced

Ethnicity (please check one)

African American Caucasian Hispanic Asian Multi-Racial Native American

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 person(s) & phone number(s) if parent cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

FOR OFFICE USE ONLY

MONTHLY PAYMENT: \$ _____

Outstanding BAL: _____ SCHOLARSHIP I.E 4C'S: CO PAY: _____

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(ren)'s Name:

Parent/Guardian's Name:

Signature

Date

Emergency Medical Release –
Emergency Evacuation/Permission to participate in Wraparound Program activities

By signing below, I do hereby give my child permission to attend and/or participate in the Wraparound 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 School's Out 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 - WRAPARROUND PROGRAM AT CLIFTON EARLY
LEARNERS' ACADEMY SPEER AVENUE**

STATEMENT TO BE SIGNED BY SUBSIDY RECIPIENTS AND APPLICANTS

I understand that the criteria established by the Boys & Girls Club of Clifton - Clifton Public School District 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 - Clifton Public School District 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 Wraparound 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

**BOYS & GIRLS CLUB OF CLIFTON
INCOME ELIGIBILITY FOR MEMBERS IN PRE-SCHOOL- CELA -S 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 reduced rate - **if members in Preschool CELA -S do not qualify for assistance, you 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 reduced rate if their gross income is within the limits listed in the chart below. Reduced rate funding is limited. You will be notified if you receive a reduced rate.

<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

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 REDUCED RATE (I.E.) 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