

Enroll in the Boys & Girls Club of Pequannock Kindergarten Program and give your child the opportunity to grow and develop in a fun and educational setting. We offer a safe environment with professional staff to meet all of your child's needs.

Daily activities include educational activities, arts & crafts, sports, game room time, music and more. Our Kindergarten Program follows the Lincoln Park Public School calendar and includes pick up on all scheduled early dismissal days, with the exception of the final days of school.



Program Hours and Fees:

Before Kindergarten:

7:00-12:30 - \$260

8:30-12:30 - \$220

After Kindergarten:

11:10-3:30 - \$220

11:10-6:00 - \$275

After School Hours: (for children in the PM session at school)

3:05-6:00 - \$120 per month (returning Kindergarten children only)

You must make the school aware at time of registration if you are registering your child in the Boys and Girls Club's Kindergarten Program.



All participants must be a member of the Boys and Girls Club of Pequannock. Membership fees are \$35 per year, payable upon registration and are non refundable. The fees include transportation from all Lincoln Park Public Elementary schools. A one month non-refundable deposit is due upon registration and will cover the first month your child attends our program. Fees are charged on a calendar month basis.



For more information please contact:

Danielle Murphy

dmurphy@bgcnwnj.org

or call (973)-633-9007



Boys & Girls Club of Pequannock
2010-2011 Kindergarten Program Enrollment Application

A \$220 non-refundable deposit is due at registration.

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____

Age: _____ Sex: _____

Kindergarten Session at School in September: AM PM

Mother's Name: _____

Business Name & Address: _____

Business Phone: _____ Cell phone: _____

Father's Name: _____

Business Name & Address: _____

Business Phone: _____ Cell phone: _____

Marital Status: (please check one)

Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Persons authorized to pick up child:

(Please specify if BOTH parents are authorized to pick up)

Name: _____ Name: _____

Relationship to child: _____ Relationship to child _____

Phone: _____ Phone: _____

Custodial Information:

If a non-custodial parent is NOT authorized to pick up your child, please explain below and attach a copy of the appropriate documents.

Child's Doctor: _____

Address: _____ Phone: _____

Is your child taking any special medication or have any special condition we should know about?

Email is one of our main sources of communication for announcements, last minute notifications or emergencies. In the space below please provide at least two parent or guardian email addresses.

YOU MUST INFORM THE SCHOOL AT THE TIME OF REGISTRATION THAT YOU ARE REGISTERING YOUR CHILD IN THE BOYS AND GIRLS CLUB KINDERGARTEN PROGRAM.

I hereby give consent for my child to participate in the Boys & Girls Club of Pequannock Kindergarten Program. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Clubs of Northwest New Jersey its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

I give permission for my child to be transported (by the Boys & Girls Club of Pequannock staff or by the transportation company hired by the Boys & Girls Club of Pequannock) to and/or from the Boys & Girls Club of Pequannock and the child's school.

By my signature, I attest to the following:

That the above information is correct.

That in the event of a medical emergency, I authorize the Boys & Girls Club of Pequannock to seek emergency medical care for my child as deemed necessary by the Director.

(Signature of Parent or Guardian)

Date



YOUTH MEMBERSHIP APPLICATION

The YOUTH MEMBERSHIP APPLICATION form and MEMBERSHIP FEE is required once a year.
You **do not** have to do this if you have already done so between 9/01/2010 and 8/31/2011.

PLEASE PRINT ALL INFORMATION

Date _____

Club # _____

_____ **MALE** **FEMALE**
CHILD'S LAST NAME **CHILD'S FIRST NAME**

_____ **ADDRESS** **CITY** **STATE** **ZIP**

_____ **HOME PHONE #** **DATE OF BIRTH** **AGE**

_____ **SCHOOL NAME** **GRADE** **TOWN**

FATHER'S NAME

FATHER'S EMPLOYER

FATHER'S OCCUPATION

FATHER'S WORK PHONE #

FATHER'S CELL PHONE #

FATHER'S EMAIL ADDRESS

MOTHER'S NAME

MOTHER'S EMPLOYER

MOTHER'S OCCUPATION

MOTHER'S WORK PHONE #

MOTHER'S CELL PHONE #

MOTHER'S EMAIL ADDRESS

_____	_____
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE #

RELATIONSHIP TO THE CHILD	

PLEASE FILL OUT THE FOLLOWING INFORMATION. THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ BENEFITS FROM FEDERAL AND STATE FUNDING. THEREFORE, THE FOLLOWING INFORMATION IS REQUIRED FOR GOVERNMENTAL SURVEYS IN ORDER TO CONTINUE RECEIVING THIS FUNDING. FAILURE TO SUPPLY THIS INFORMATION WILL RESULT IN THE LOSS OF THIS FUNDING. ALL INFORMATION IS CONFIDENTIAL AND RECORDED AS A NUMBER. NO PERSONAL INFORMATION IS EVER GIVEN OUT WITHOUT YOUR PERMISSION.

CHILD LIVES WITH: _____ BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER

PLEASE CIRCLE TOTAL HOUSEHOLD INCOME:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$0-\$19,600	\$0-\$22,400	\$0-\$25,200	\$0-\$28,000	\$0-\$30,250	\$0-\$32,500	\$0-\$34,700	\$0-\$36,950
Above \$34,700	Above \$39,700	Above \$42,900	Above \$46,050	Above \$49,250	Above \$52,400	Above \$55,200	Above \$59,500

CHECK ALL THAT APPLY

WHITE (NON HISPANIC ORIGIN)
 BLACK (NON HISPANIC)
 HISPANIC

NATIVE AMERICAN INDIAN
 ASIAN OR PACIFIC ISLANDER
 MULTI-RACIAL

HANDICAPPED OR DISABLED

PLEASE INITIAL EACH SECTION AND SIGN BELOW:

MEDICAL

DOES THE CHILD HAVE ANY ACUTE/CHRONIC ILLNESS? PLEASE LIST _____

DOES THE CHILD TAKE ANY PRESCRIBED MEDICATIONS? PLEASE LIST _____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE HOSPITAL AND ATTENDING PHYSICIAN SELECTED BY THE BOYS & GIRLS CLUBS OF NORTHWEST NJ, INC. TO TAKE ANY NECESSARY ACTION, INCLUDING SURGERY, ANESTHESIA, OR INJECTIONS, THAT IS IN THE BEST INTEREST OF MY CHILD.

PLEASE INITIAL _____ **Insurance Carrier** _____

_____ I UNDERSTAND THAT MY CHILD'S MEMBERSHIP AT THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ, INC. IS A PRIVILEGE AND MAY BE REVOKED IF MY CHILD DOES NOT ADHERE TO CLUB POLICIES.

_____ THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ, INC. HAS MY PERMISSION TO USE PICTURES TAKEN OF ME AND MY CHILD IN PUBLICATIONS TO PROMOTE ACTIVITIES CONDUCTED THROUGH CLUB.

ACKNOWLEDGEMENT:

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS AND REPRESENT TO HOLD HARMLESS THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ, INC. FROM ANY LIABILITY, IN CONSIDERATION OF PARTICIPATION OR ATTENDANCE AT THE CLUB FACILITIES ON OR OFF SITE OR FUNCTIONS FOR MY CHILD AND MYSELF.

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL JEOPARDIZE MY CHILD'S MEMBERSHIP AND MONEY PAID.

PARENT/GUARDIAN'S SIGNATURE

STAFF INITIALS

RECEIPT #