

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 Pequannock 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 Pequannock 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](mailto: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 us with at least two parent or guardian email addresses that we can contact you at throughout the school year.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST INFORM THE SCHOOLS AT 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 MONIES PAID.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
STAFF INITIALS

\_\_\_\_\_  
RECEIPT #