

The North Haledon After School Program provides a safe, fun and educational environment for children to interact and grow.



Activities include arts & crafts, homework help, sports, and other special events!



Power Hour is a comprehensive homework help and tutoring program that offers incentives and recognition for your child's academic accomplishments.

Program Hours & Fee

Monday - Friday 3:00 - 6:00

1-3 days: \$160 a month

4-5 days: \$200 a month



Tuition is paid monthly. A payment schedule will be provided upon registration. A 4-week non refundable deposit is required for new members or a 1-week non refundable deposit if child currently attends.

Please Note

The North Haledon ASP follows the North Haledon public school calendar.

On scheduled half-days the program will be held, with school's permission.

On unannounced half-days such as snow days, water main breaks, etc., the program will be cancelled.

Drop off or mail registration along with a deposit to:

Boys & Girls Club of Wayne

Attn: North Haledon ASP

153 Garside Avenue

Wayne, NJ 07470



For more information please contact:

Dave Font

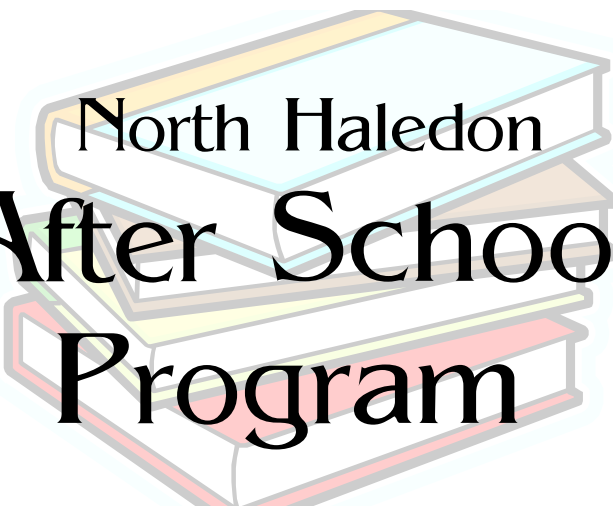
dfont@bgcnwnj.org

(973) 956 - 0033

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**BOYS & GIRLS CLUB
OF WAYNE**



North Haledon After School Program 2009 - 2010



**Boys & Girls Club of Northwest New Jersey
2009-2010 North Haledon After School Program
Enrollment Application**

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____

Email _____

Grade in September 2009: _____ Age: _____ Sex: _____

Child Will Attend: M T W Th F

Parent/Guardian Information:

Mother's Name: _____

Business Name & Address: _____

Business Phone: _____ Cell phone: _____

Father's Name: _____

Business Name & Address: _____

Business Phone: _____ Cell phone: _____

Parent/Guardian Email: _____

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 among those persons authorized to pick up your child, please 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?

As the parent/guardian of the above named child I do irrevocably assign and grant unto the Boys & Girls Club of Northwest New Jersey the immutable and unconditional right and permission to use my child's name, likeness, voice and/or image for the purpose of producing an audio/video/photograph/film and/or printed material including the right and permission to copyright, use, produce, and/or publish said audio/video/photograph/film and/or printed material at the sole discretion of the Boys & Girls Club of Northwest New Jersey. I further waive any and all right to inspect and/or approve any audio/video/photograph/film and/or printed material that may be published/distributed and/or otherwise utilized as deemed appropriate by the Boys & Girls Club of Northwest New Jersey.

PLEASE CHECK ONE:

Yes, I do irrevocably give my full consent and authorization as stated above on behalf of said minor.

No, I do not give my consent on behalf of said minor

I hereby give consent for my child to participate in the Boys & Girls Club of Northwest New Jersey North Haledon After School 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 Wayne 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 Wayne Boys & Girls Club staff or by the Transportation Company hired by the Wayne Boys & Girls Club) to and/or from the Wayne Boys & Girls Club 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 Northwest New Jersey to seek emergency medical care for my child as deemed necessary by the Director.

(Signature of Parent or Guardian)

Date