



BOYS & GIRLS CLUBS
OF MERCER COUNTY

2023-2024 KIDS CLUB AFTER SCHOOL PROGRAM ENROLLMENT FORM

This form must be completed and signed by the parent or guardian of each student enrolling in the after-school program.

Student Name: _____
First Last Email

Applying for a Scholarship Yes No

Gender _____ Date of Birth: _____ Grade in September 2023: _____ School Attending _____

- ASP Location: Centre Street Community Center Spruce Street Community Center
 Rivera School Mott School Lore Elementary
 Gregory School Parker School Antheil
 Grant School PJ Hill Parkway
 Martin Luther King Cadwalder * Transportation to Stokes Daily

MONTHLY TUITION

I agree to pay my monthly tuition by the **first of each month**. This monthly tuition is supported by funding from US Soccer Foundation, 21st Century Community Learning Centers, childcare vouchers, tutoring contracts and/or other public/private funding. **I understand that failure to pay my monthly tuition by the 5th of each month will result in a late fee in the amount of \$25 added on to my monthly tuition and will jeopardize my child's participation in the program.**

My child is eligible for child Care Connection, DYFS or Work first childcare vouchers: Yes No

Parent/Guardian #1

Parent/Guardian # 2

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

E-mail

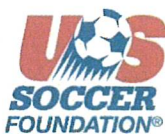
E-mail

Street Address

Street Address

City State Zip

City State Zip



RELEASE OF CHILD

The Following people **are allowed** to pick-up my child.

The Following people **are not allowed** to pick-up my child _____

EMERGENCY CONTACTS

Please identify two people who may be called between 3:00pm and 6:00pm if you are not available.

_____	_____	_____	_____
First Name	Last Name	First Name	Last Name
_____	_____	_____	_____
Relationship to Student		Relationship to Student	
_____	_____	_____	_____
Home Phone		Home Phone	
_____	_____	_____	_____
Work Phone		Work Phone	
_____	_____	_____	_____
Other Phone		Other Phone	
_____	_____	_____	_____
Street Address		Street Address	
_____	_____	_____	_____
City	State	Zip	
_____	_____	_____	_____
City	State	Zip	

PARENTAL/GUARDIAN RELEASES

My signature below indicates my acceptance of the policies above and listed on the membership application and gives permission for my child to participate in the Boys & Girls Club after school program during the 2022-2023 School year.

- I give permission for my child's image/name to be used in the Club's, US Soccer Foundation & 21st Century public relations materials.
- I give permission for my child to participate in all Club programs/mentoring, and for the Club to collect and share data from my child's participation for related funders, partners and grants.
- I give permission for my child's school to release information about my child to the Club, US Soccer Foundation or 21st Century.
- I give permission for my child to attend Boys & Girls Club activities in or adjacent to the Club, and all field trips as identified in program brochures, newsletter and parent communications. If I don't want my child to go on a trip, I must communicate this to the program director in writing.
- In the case of an emergency, I hereby give permission for the hospital/doctor to provide care/treatment for my child until I can reach the hospital.
- That I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks club policy my child may be expelled/suspended from the program/club without reimbursement of fees paid.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities, including Covid-19, and I do not hold the Club, directors or staff responsible for injuries resulting from Club participation.

My signature below indicates my acceptance of the policies above.

Guardian Signature _____ Print Name _____ Date _____



Medical Declaration Statement for Members

Child's Name: _____

Date of Birth: _____ Grade: _____

Is your child under any medical/physical restrictions?

Yes _____ No _____

If yes, check all that apply.

- _____ Asthma
- _____ Hearing Loss
- _____ Diabetes
- _____ Seizures

Is your child taking any medications?

Yes _____ No _____

If yes, please list: _____

WILL YOUR CHILD BE TAKING ANY MEDICATION(S) REGULARLY WHILE ATTENDING THE PROGRAM? Yes _____ No _____

If yes, you need to complete a **CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS FORM.**

Is your child allergic to any: (Please List)

- | | | | |
|--------------|----------|-----------|-------|
| Foods? | No _____ | Yes _____ | _____ |
| Medications? | No _____ | Yes _____ | _____ |
| Other? | No _____ | Yes _____ | _____ |

Family Health Care Provider: _____

Telephone Number: _____

As a parent/ guardian of the above participating child, I certify that he/she is in good physical health, and has no special medical needs (or I have completed a care form) and may participate in all program activities.

Parent/ Guardian Signature: _____ Date: _____