



**BOYS & GIRLS CLUB**  
OF MERCER COUNTY - TRENTON

**2015-2016 KIDS CLUB AFTER SCHOOL PROGRAM ENROLLMENT FORM**

Kids Club @ 212 Centre St., Mott, Gregory, Wilson, Village, PJ Hill, Robbins & Jefferson

Transportation from Columbus, Paul Robeson, Martin Luther King, International Academy, TCA, Foundation, Hedgepeth, Grant, Robbins Annex & Parker

*This form must be completed and signed by the parent or guardian of each student enrolling in the afterschool program.*

**Student Name:** \_\_\_\_\_  
First Last Parent Phone/Email

**Birth Date** \_\_\_\_\_ **Shirt Size (Circle One)** Youth: XS S M L XL  
Adult: S M L XL

**Grade in September 2015:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**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, 21<sup>st</sup> Century Community Learning Centers, child care vouchers, tutoring contracts and/or other public/private funding. **I understand that failure to pay monthly tuition will jeopardize my child's participation in the program.**

My child is eligible for child Care Connection, DYFS or Workfirst child care vouchers:  Yes  No

**RELEASE OF CHILD**

My child will be picked up after school by me or one of the following individuals:

\_\_\_\_\_  
Name Relationship to Child Telephone

\_\_\_\_\_  
Name Relationship to Child Telephone

**DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

(Please list names and relationship to child.)  
\_\_\_\_\_  
\_\_\_\_\_

**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 2015-2016 School year.

\_\_\_\_\_  
Parent/Guardian Signature Print Name Date

**FOR OFFICE USE ONLY**

Monthly Tuition \_\_\_\_\_ Membership Expires \_\_\_\_\_

Documents on file:  Shot Records on file  2 pay stubs  
 Child Care Connection  21<sup>st</sup> Century



**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1**

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

**Parent/Guardian # 2**

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
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 persons who may be called between 3:00pm and 6:00pm if you are not available.

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Street Address

City

State

Zip

City

State

Zip