

2018-2019 Pre-K



BOYS & GIRLS CLUBS
OF MERCER COUNTY

Preschool Student Enrollment Form

Student Name: _____ Birth Date: _____

Email: _____

Gender: Male Female Race/Ethnicity _____ Unspecified

Classes Available:

Full Day Program Hours - 7:30 AM to 6:30 PM

Half Day Program Hours - 9:00 AM to 12:30 PM

Koala Bears – 3 to 4 year olds – 12:1 ratio

Full Day: \$825/month Half Day: \$400/month

Kinder Bears – 4 to 5 year olds – 12:1 ratio

Full Day: \$825/month Half Day: \$400/month

Other Full Day Options

3 Days a Week (**Monday/Wednesday/Friday**): \$525/month

2 Days a Week (**Tuesday/Thursday**): \$375/month

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name Last Name

Relationship to Student

Home Phone

Employer

Work Phone

Cell Phone

E-mail

Street Address

City State Zip

Parent/Guardian # 2

First Name Last Name

Relationship to Student

Home Phone

Employer

Work Phone

Cell Phone

E-mail

Street Address

City State Zip

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

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:30pm 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

Cell Phone

Cell Phone

Street Address

Street Address

PARENT/GUARDIAN SIGNATURE

- I give permission for my child's image/name to be used in the Club's public relations materials.
- I give permission for my child to participate in all 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 or participate in a specific program, I must communicate this to the program director in writing.
- If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
- 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 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

Parent/Guardian Signature

Date