



2021-2022 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 afterschool program.

Student Name: _____

First Last Email

Applying for a Scholarship Yes No Shirt Size (Circle One) Youth: XS S M L XL

Adult: S M L XL

Gender _____ Grade in September 2021: _____ School Attending: _____

- ASP Location: Centre Street Community Center Spruce Street Community Center
 Rivera School Mott School Grant School Parker School Gregory School
 Parkway School Lore School Antheil School Ewing only Days Per week (1, 2, 3, 4, 5) circle

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, 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 Work first child care 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

Key After School Program Funders





**BOYS & GIRLS CLUBS
OF MERCER COUNTY
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	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	
_____	_____	_____	_____

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 2020-2021 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 in 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.

Signature: _____ Date: _____



**BOYS & GIRLS CLUBS
OF MERCER COUNTY**

Medical Declaration Statement for Youth

Child's Name: _____ Date of Birth: _____

Is your Child under any **Medical/Physical Restrictions**? Yes _____ No _____

If yes, check all that apply:

- Asthma
- Hearing Loss
- Seizures
- Other: _____
- Diabetes
- Learning Disability
- Physical Movement

Is your child under any **Medication**? Yes _____ No _____

If yes, please list: _____

Will your child need to have any of these medication **Administered** during after school hours? Yes _____ No _____

If yes, you'll need to complete a "**Care Plan for Children with Health Needs**"

Is your child **Allergic** to any of the following:

- Foods No _____ Yes _____ Please List _____
- Medicine No _____ Yes _____ Please List _____
- Other No _____ Yes _____ Please List _____

Who is your **Family Health Care Provider**: _____

Doctor/Contact Person: _____ Phone: _____

As a Parent/Guardian of the youth on this registration form, I certify that she/he/they are in good physical health, has no special medical needs, not identified above, and may participate in all programs activities. 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

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Monthly Tuition _____ Membership Expires _____

- Documents on file: Shot Records on file 2 pay stubs
- Child Care Connection 21st Century