



BOYS & GIRLS CLUBS
OF MERCER COUNTY

2022-2023 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

Gender _____ Grade in September 2022: _____ 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

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 my monthly tuition by the 5th of each month will result into 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 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

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 | _____ 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 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.

Parent/Guardian Signature

Print Name

Date



BOYS & GIRLS CLUBS
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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 | _____ | Others | _____ |
| 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 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: _____