

**Summer Camp 2018- Early Education Center Enrollment Application**  
**\*New students must submit a copy of Immunization Records with the form\***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_  
Primary Number \_\_\_\_\_ Age as of 10/15/18 : \_\_\_\_\_ years \_\_\_\_\_ months

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Email \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Email \_\_\_\_\_  
Business Name & Address \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home \_\_\_\_\_

**Marital Status: (please check one)**

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Persons authorized to pick up child other than mother and father listed above:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

If there is a person/people who are **not** allowed to pick up your child due to a court order please list below and provide documentation.

\_\_\_\_\_  
**Child's Doctor:** \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are there any conditions or specific needs, mental or physical that require special attention?

\_\_\_\_\_  
**Allergies or medications**

**Consent to participate**

I hereby give consent for my child to participate in the Boys & Girls Club of NWNJ. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of NWNJ its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following: That the above information is correct. That in the event of a medical emergency, I authorize the Boys & Girls Club of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

## HOURS & FEES PER WEEK

Please check all that apply. This is a non-refundable deposit

EARLY BIRD FEE- Effective until March 9, 2018					
Infant 6wks-17M	5 days \$285	3 days \$250	Toddler 18M-2YRS	5 days \$253	3 days \$218

Please check off all that apply  
below

2 Year Old Class * Must be 2 by 10/15/18				
	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7 AM-6:30PM	\$234	\$199	Included	Included
9-3:30	\$199	\$164	\$37	\$39
3 Year Old Classroom *must be 3 by 10/15/18 See Below 4 Year Old Classroom *must be 4 by 10/15/18 See Below				
	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7AM-6:30PM	\$230	\$195	Included	Included
9-3:30	\$195	\$160	\$34	\$38

- 3 Days- Circle days below  
M T W TH F
- 5 Days
- Week 1- 3days June 27-29
- Week 2-July 2-July 6
- No CAMP 7/4**
- Week 3 July 9- July 13
- Week 4 July 16- July 20
- Week 5 July 23- July 27
- Week 6 July 30- Aug 3
- Week 7 Aug 6- Aug 10
- Week 8 Aug 13- Aug 17
- Week 9 Aug 20- Aug 24
- Week 10 Aug 27- Aug 31

REGULAR FEE- EFFECTIVE until May 18, 2018					
Infant 6wks-17M	5 days \$295	3days \$260	Toddler 18M-2 YRS	5 days \$263	3 days \$228

2 Year Old Class *must be 2 by 10/15/18				
	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7 AM-6:30PM	\$244	\$209	Included	Included
9-3:30	\$209	\$174	\$47	\$49
3 Year Old Classroom *must be 3 by 10/15/18 See Below 4 Year Old Classroom *must be 4 by 10/15/18 See Below				
	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7AM-6:30PM	\$240	\$205	Included	Included
9-3:30	\$205	\$170	\$44	\$48

LATE FEE EFFECTIVE as of May 19, 2018					
Infant 6wks-17M	5 days \$305	3days \$270	Toddler 18M-2 YRS	5 days \$273	3 days \$238

2 Year Old Class *must be 2 by 10/15/18				
	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7 AM-6:30PM	\$254	\$219	Included	Included
9-3:30	\$219	\$184	\$57	\$59
3 Year Old Classroom *must be 3 by 10/15/18 See Below 4 Year Old Classroom *must be 4 by 10/15/18 See Below				
	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7AM-6:30PM	\$250	\$215	Included	Included
9-3:30	\$215	\$180	\$54	\$58