

**Boys & Girls Club of Northwest New Jersey Wayne Unit
2020-2021 Hybrid/Virtual Education Program Application**

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Primary Email: _____

School: _____ **Grade Sept 20':** _____ **Gender:** _____

Marital Status (please check one):

Married _____ **Separated** _____ **Divorced** _____ **Widowed** _____ **Single** _____

Ethnicity (Please Circle one): African American - Asian - Asian/Pacific Islander - Hispanic - Multiracial -
Native American - Other - White

Parent/Guardian Information:

Mother's Name: _____ **Cell Phone:** _____

Business Name & Address: _____

Business Phone: _____

Father's Name: _____ **Cell Phone:** _____

Business Name & Address: _____

Business Phone: _____

Persons authorized to pick up child: (Other than parents listed above.)

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Phone: _____ **Phone:** _____

Custodial Information:

If a non-custodial parent is not among those persons authorized to pick up your child, please explain below and attach a copy of court order.

Child's Doctor: _____

Address: _____ **Phone:** _____

Is your child taking any special medication or have any special condition we should know about?

How did you hear about us? (Please Circle one):

Friend/Family – Community Marketing – Social Media – Online News - Other

• **Hybrid Day \$625 Per month**

PROGRAM INFORMATION: (Select One)

- _____ **A-Day:** In School: Monday & Tuesday
Hybrid Club Day: Wednesday, Thursday & Friday
- _____ **B-Day:** In School: Thursday & Friday
Hybrid Club Day: Monday, Tuesday & Wednesday

PROGRAM INFORMATION: (Select One)

- _____ **Kindergarten Enrichment (11:35am Dismissal)**
- _____ **1st – 5th Grade (1:45pm dismissal)**
- _____ **Middle School (1:14pm dismissal time)**

_____ **5 Day Virtual Learning Day \$800 Per month**

_____ **3 Day Virtual Learning Day \$485 Per month**

_____ **2 Day After School Day \$165 Per month**

There is a 5% Administration Fee on all Refunds

As the parent/guardian of the above named child I do irrevocably assign and grant unto the Boys & Girls Club of Northwest New Jersey Wayne Unit the immutable and unconditional right and permission to use my child’s name, likeness, voice and/or image for the purpose of producing an audio/video/photograph/film and/or printed material including the right and permission to copyright, use, produce, and/or publish said audio/video/photograph/film and/or printed material at the sole discretion of the Boys & Girls Club of Northwest New Jersey Wayne Unit. I further waive any and all right to inspect and/or approve any audio/video/photograph/film and/or printed material that may be published/distributed and/or otherwise utilized as deemed appropriate by the Boys & Girls Club of Northwest New Jersey Wayne Unit.

PLEASE CHECK ONE

- _____ Yes, I do irrevocably give my full consent and authorization as stated above on behalf of said minor.
- _____ No, I do not give my consent on behalf of said minor

I hereby give consent for my child to participate in the Boys & Girls Club of Northwest New Jersey Wayne Unit Before and/or After Kindergarten program. 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 Northwest New Jersey Wayne Unit, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

I give permission for my child _____ to be transported (By the Boys & Girls Club of Northwest New Jersey Wayne Unit staff or by the Transportation Company hired by the Wayne Boys & Girls Club) to and/or from the Boys & Girls Club of Northwest New Jersey Wayne Unit and the child’s school.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize Boys & Girls Club of Northwest New Jersey Wayne Unit to seek emergency medical care for my child as deemed necessary by the Director.

I have received a copy of the Information to Parents document

(Signature of Parent or Guardian)

(Date)