

Enroll in the Early Education Center at the Boys & Girls Club of Wayne and give your child the opportunity to grow and learn in a fun and educational setting. We offer a safe environment with a caring and professional staff to meet all your child's needs.



Our center is open to children ages 6 weeks to 5 years old and they are separated by age into one of five large classrooms. During our curriculum based school day, taught by certified teachers, we offer a range of educational activities so each child is engaged and actively learning. Children will learn through many age appropriate activities including but not limited to computers, art, science, math, phonics, dramatic play, indoor & outdoor play. We have themed months that are packed with fun activities!

Please see inside for hours and fees. Our school year runs from September to June.

Pre-K Summer Camp is a separate program that runs weekly for July and August. Teacher assignments for summer camp will be given out in June and may differ from the school year based on enrollment. Registration for Summer Camp 2017 will be available in February.



For more information or a tour of our facility please contact  
Krissy Bowlby at 973-956-0033  
kbowlby@bgcnwnj.org



# Early Education Center 2017-2018



## Boys & Girls Clubs of Northwest New Jersey Wayne Unit

**6 Weeks– Pre-k 4**  
**Space limited!**  
**Register today!!**

## 2017-2018 Early Education Center Enrollment Application

\*A copy of Immunization Records and Universal Health Records are due prior to starting our program\*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

### Parent/Guardian Information:

**Mother's Name:** \_\_\_\_\_  
 Email \_\_\_\_\_  
 Business Name & Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_  
 Email \_\_\_\_\_  
 Business Name & Address \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Do you give permission for the following to appear in our class list directory that will be distributed to parents?  Email  Telephone

### 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(s) who cannot pick up your child due to court order please list below and supply documentation to Krissy.

\_\_\_\_\_

### Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any conditions or specific needs, mental or physical, that require special attention?

\_\_\_\_\_

### Allergies or Medical conditions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Hours & Fees Per Month

\$75 Registration Fee effective until July 7, 2017

\$100 Registration Fee effective as of July 8, 2017

Registration Fee is non-refundable

**Please circle below which program/payment you will be using**

<b>Infant 6-18 months</b>	<b>5 days</b>	<b>3days</b>		
7AM-7PM	\$1130	\$990		
<b>Toddler 18M-2yrs</b>	<b>\$1000</b>	<b>\$860</b>		
<b>2 Year Old Class must be 2 by 10/15/17</b>	<b>5 Days</b>	<b>3 Days</b>	<b>Before Care 7-9</b>	<b>After Care 3:30-7</b>
7 AM-7PM	\$925	\$785	Included	Included
9-3:30	\$785	\$645	\$125	\$145
<b>3 Year Old Class must be 3 by 10/15/16</b> <b>4 Year Old Class must be 4 by 10/15/16</b>	<b>5 Days</b>	<b>3 Days</b>	<b>Before Care 7-9</b>	<b>After Care 3:30-7</b>
7AM-7PM	\$910	\$770	Included	Included
9-3:30	\$770	\$630	\$125	\$145

Please circle days if using 3 day program

M T W T H F

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