

2023-2024 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: _____

Primary Phone: (_____) _____

Ethnicity: African American _____ Asian or Pacific Islander _____ Hispanic _____
 Multiracial _____ Native American _____ White _____

How did you hear about us?

Social Media _____ Friend/Family _____ Community Marketing _____ Online News _____ Other _____
 Please include family/friend name so we can thank them: _____

Parent/Guardian Information:

Name: _____ Relationship to child: _____
 Email: _____

Business Name & Address: _____ Cell phone: _____

Business Phone: _____ Relationship to child: _____

Name: _____

Email: _____

Business Name & Address: _____ Cell phone: _____

Business Phone: _____

*Please note: There are no refunds or credits for vacations, quarantining or sick absences.

Marital Status: (please check one)

Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Relationship to child: _____ Phone: _____

If there is a person(s) who cannot pick up your child due to court order please list below and supply documentation to Director.

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

\$100 Registration Fee non-refundable

Please circle below which program/payment you will be using

Infant 6 weeks-18 months	5 days	3days		
7:00 AM-7:00 PM	\$1,220	\$1,080		
Toddler 18m-2yr	\$1,090	\$950		
2 Year Old Class must be 2 by 10/15/21	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7:00 AM-7:00 PM	\$1,015	\$875	Included	Included
9-3:30	\$875	\$735	\$150	\$170
3 Year Old Class must be 3 by 10/15/21 4 Year Old Class must be 4 by 10/15/21	5 Days	3 Days	Before Care 7-9	After Care 3:30-6:30
7:00 AM-7:00 PM	\$1,000	\$860	Included	Included
9-3:30	\$860	\$720	\$150	\$170

Please circle days if using 3 day program
 M T W TH F

Image Release

As the parent/guardian of the above named child I do irrevocably assign and grant unto the Boys & Girls Club of NWNJ 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 NWNJ. I further waive any and all right to inspect and/or approve any a 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 NWNJ.
 PLEASE CHECK ONE:
 Yes, I give my full consent 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 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 _____