

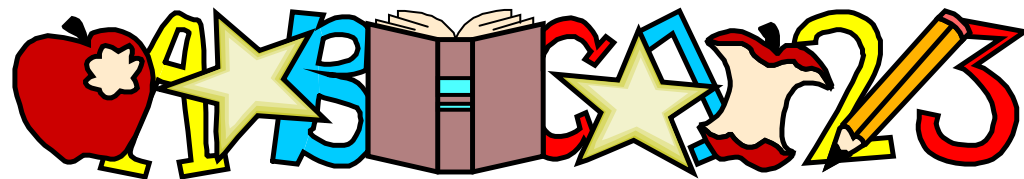
Enroll in the Early Education Center at the Boys & Girls Club of Wayne and give your child the opportunity to grow and learn in a fun and educational setting. We offer a safe environment with a caring and professional staff to meet all your child's needs.



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.

Call to set up a tour of our facility.
Contact Gladys Pirruccio at gpirruccio@bgcnwnj.org
(973) 956-0033



Early Education Center 2019-2020



Boys & Girls Clubs of Northwest New Jersey Wayne Unit Pre K 3 Pre K 4 Half Day Program

2019-2020 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: _____

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.

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 6, 2019
 Registration Fee is non-refundable

Please circle below which program/payment you will be using

** If you are interested in a 2 day rate please contact Gladys at gpirruccio@bgcnwnj.org

hours	5 day rate	3 day rate	
7- 8:30	\$95	\$75	
8:30- 11:30	\$400	\$250	
11:30-12:30 lunch bunch	\$70	\$50	

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