

Summer Camp 2022- 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 10/15/22: ____ years ____ months

Parent/Guardian Information:

Name: _____ Relationship to Child: _____
Email Address: _____
Business Name: _____ Business Phone: _____
Business Address: _____
Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to Child: _____
Email Address: _____
Business Name: _____ Business Phone: _____
Business Address: _____
Cell Phone: _____ Home Phone: _____

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 Them below and provide documentation.

Child's Doctor: _____ Phone: _____

Physicians Address: _____

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

Allergies or medication: _____

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