



2023-2024 VACATION CLUB PROGRAM

NORTH HALEDON



Vacation Club is a holiday program for Kindergarten to 8th graders run out of our Wayne location! This program offers a safe and professionally supervised place for children to play, create, and meet with friends. The program runs while the Wayne public schools are closed. In order for this program to run we must have a minimum of 10 kids registered two days prior.

Daily Rate & Hours

\$50.00 per day

7:30am-6:30pm

(A LATE FEE OF \$15 FOR EVERY 15 MINUTES
WILL BE ASSESSED AFTER 6:30PM)

**PAYMENTS CAN EITHER BE MADE WITH A CREDIT CARD
AUTHORIZATION FORM OR MAILED/WALKED INTO THE BOYS
AND GIRLS CLUB AT 153 GARSIDE AVE WAYNE NJ 07470.**

**ALL SUBSIDY FAMILIES PLEASE CONTACT KEVIN REBNER FOR
ADDITIONAL INFORMATION.**



A minimum of 10 kids must be registered in order to run the program.

**FOR MORE INFORMATION CONTACT YOUTH DEVELOPMENT DIRECTOR KEVIN REBNER
KREBNER@BGCNWNJ.ORG OR (973)-956-0033**

2023-2024 VACATION CLUB REGISTRATION FORM

Child's name _____ Age _____ Sex _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Grade in Sept 2023 _____ School _____

Personal Email: _____

Father's name _____ Mother's name _____

Name of work place _____ Name of work place _____

Address of work place _____ Address of work place _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Emergency phone and contact person _____

Authorized pick up names and relationship _____

Any allergies, medications or special conditions _____

THE DATES AVAILABLE FOLLOW THE NORTH HALEDON PUBLIC SCHOOL CALENDAR FOR SCHOOL HOLIDAYS OR VACATIONS FOR THE 2023 - 2024 SCHOOL YEAR.

THERE MUST BE A MINIMUM OF 10 CHILDREN TO RUN CAMP ON ANY SCHEDULED DAY!! PLEASE MARK DESIRED DATES. YOU MUST PAY FOR EACH DAY YOU CHECK OFF AT TIME OF REGISTRATION. NO CHILD WILL BE REGISTERED WITHOUT PAYMENT. YOU MUST REGISTER ONE WEEK IN ADVANCE FOR EACH DATE SELECTED.

PLEASE NOTE: THERE ARE NO REFUNDS FOR VACATIONS, QUARANTINING OR SICK ABSENCES

10/9 _____ 11/9 _____ 11/10 _____ 12/26 _____ 12/27 _____ 12/28 _____ 12/29 _____

1/15 _____ 2/16 _____ 2/19 _____ 4/1 _____ 4/2 _____ 4/3 _____ 4/4 _____ 4/5 _____

AS THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD I DO IRREVOCABLY ASSIGN AND GRANT UNTO THE BOYS & GIRLS CLUB OF WAYNE, NEW JERSEY 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 WAYNE, NEW JERSEY. 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 WAYNE, NEW JERSEY.

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 ATTEND THE VACATION CLUB. I ASSUME ALL RISK IN REGARD TO PARTICIPATION IN THIS PROGRAM OR ANY OTHER ACTIVITY OF THE BOYS & GIRLS CLUBS OF NORTHWEST NEW JERSEY. I GIVE PERMISSION FOR MY CHILD TO ATTEND FIELD TRIPS TO LAFAYETTE SCHOOL, SHAI SHACKNAI MEMORIAL PARK, AND BARBOUR'S POND PLAYGROUND AS WELL AS ANY OTHER REGULARLY SCHEDULED FIELD TRIPS. I ALSO GIVE PERMISSION FOR THE BOYS & GIRLS CLUBS OF NORTHWEST NEW JERSEY TO SEEK PROFESSIONAL MEDICAL TREATMENT SHOULD MY CHILD BE ILL OR INJURED AND I OR MY EMERGENCY CONTACT PERSON CANNOT BE REACHED. I RELEASE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE BOYS & GIRLS CLUBS OF NORTHWEST NEW JERSEY, THEIR DIRECTORS, OFFICERS, COACHES, AND VOLUNTEERS, FROM ANY OR ALL LIABILITY THAT MAY RESULT FROM PARTICIPATION IN THIS OR ANY OTHER ACTIVITY. I UNDERSTAND NO REFUNDS OR CREDITS WILL BE GIVEN FOR ANY MISSED DAYS THAT THE FUN KLUB IS OPERATING.

PARENTS OR GUARDIAN SIGNATURE: _____ DATE: _____