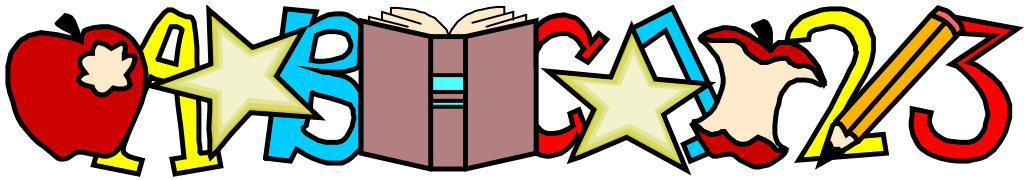
Enroll in the Early Education Center at the Boys & Girls Club of Wayne and give your child the opportunity to grow and learn in a fun and educational setting. We offer a safe environment with a caring and professional staff to meet all your child's needs.

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. Registration for Summer Camp 2025 will be available in February.

For more information or a tour of our facility please contact
Gladys Pirruccio or Jenni Mendel at 973-956-0033
gpirruccio@bgcnwnj.org
ndehope@bgcnwnj.org



Early Education Center 2025-2026

Boys & Girls Clubs

of Northwest New Jersey

Wayne Unit

6 Weeks– Pre-K4

Space limited!

Register today!!

2025-2026 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: _____
Business Phone: _____Cell phone:_____
Name: _____Relationship to child:_____
Email_____
Business Name & Address_____
Business Phone: _____Cell 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: _____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 Director.

_____

Child's Doctor_____
Address:_____
Phone:_____
re 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	$1,245	$1,105		
Toddler 18m-2yr	$1,115	$975		
2 Year Old Class must be 2 by 10/15/24	**5 Days**	**3 Days**	**Before Care 7-9**	**After Care 3:30-7:00**
7:00 AM-7:00 PM	$1,040	$900	Included	Included
9-3:30	$890	$750	$150	$170
3 Year Old Class must be 3 by 10/15/24 4 Year Old Class must be 4 by 10/15/24	**5 Days**	**3 Days**	**Before Care 7-9**	**After Care 3:30-7:00**
7:00 AM-7:00 PM	$1,025	$885	Included	Included
9-3:30	$885	$745	$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**