



**BOYS & GIRLS CLUBS**  
OF UNION COUNTY

**REGISTRATION APPLICATION**

Club Location:	Elizabeth	Plainfield	Union
Entry Date: ___/___/___	Expires: ___/___/___		Club #: _____
Amount Paid: _____	Receipt #: _____		Staff Initials: _____

**Member Information: Please print clearly**

\_\_\_\_\_ Male \_\_\_ Female

Member's Last Name                      Member's First Name

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Member's Home Address                      City                      State                      Zip Code

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Home Phone Number                      Email Address                      Date of Birth                      Age

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School Name                      Grade (as of Sept.)                      Town/City of School

**Parent/Guardian Contact Information: Please print clearly**

Parent/Guardian #1		Parent/Guardian #2	
First Name	Last Name	First Name	Last Name
Relation to Member (Mother, Father, Foster, etc.)		Relation to Member (Mother, Father, Foster, etc.)	
Employer	Occupation	Employer	Occupation
Phone Number #1 (Circle One: Home, Cell, Work)		Phone Number #1 (Circle One: Home, Cell, Work)	
Phone Number #2 (Circle One: Home, Cell, Work)		Phone Number #2 (Circle One: Home, Cell, Work)	
Phone Number #3 (Circle One: Home, Cell, Work)		Phone Number #3 (Circle One: Home, Cell, Work)	

**Emergency Contact Information:**

\_\_\_\_\_

**First & Last Name**                      **Relationship to Member**                      **Contact Number**

**Member Medical Information:**

Any Chronic or Acute Illnesses? \_\_\_\_\_

Any learning disabilities? \_\_\_\_\_

Any prescribed medication? \_\_\_\_\_

**IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE HOSPITAL AND ATTENDING PHYSICIAN SELECTED BY THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. TO TAKE ANY NECESSARY ACTION, INCLUDING SURGERY, ANESTHESIA, OR INJECTIONS, THAT IS IN THE BEST INTEREST OF MY CHILD.**



**Household Information: Required**

The Boys & Girls Clubs of Union County, Inc. benefit from federal funding. The following information is required for governmental surveys in order for us to continue to receive funding. This information is confidential and names are not submitted. Failure to supply this information will result in the loss of this funding.

**It is mandatory that this information be completed, or we will not accept this application.**

**PLEASE CIRCLE THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD AND THE CORRECT GROSS INCOME LEVEL LISTED BENEATH THE HOUSEHOLD SIZE**

**# OF HANDICAPPED OR DISABLED PERSONS IN THE HOUSEHOLD**

<b>2 PEOPLE</b>	<b>3 PEOPLE</b>	<b>4 PEOPLE</b>	<b>5 PEOPLE</b>	<b>6 PEOPLE</b>	<b>7 PEOPLE</b>	<b>8 PEOPLE</b>
\$0 TO \$32,100	\$0 TO \$36,150	\$0 TO \$40,150	\$0 TO \$43,350	\$0 TO \$46,550	\$0 TO \$49,800	\$0 TO \$53,000
\$32,101 TO \$46,400	\$36,151 TO \$52,200	\$40,151 TO \$58,000	\$43,351 TO \$62,650	\$46,551 TO \$67,300	\$49,801 TO \$71,900	\$53,001 TO \$76,550
ABOVE \$46,401	ABOVE \$52,201	ABOVE \$58,001	ABOVE \$62,651	ABOVE \$67,301	ABOVE \$71,901	ABOVE \$76,551

**CHECK APPLICABLE LINE**

WHITE (NON HISPANIC ORIGIN)       BLACK (NON HISPANIC)       HISPANIC       ASIAN OR PACIFIC ISLANDER  
 NATIVE AMERICAN INDIAN       OTHER: \_\_\_\_\_

I UNDERSTAND THAT MY CHILD'S MEMBERSHIP AT THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. IS A PRIVILEGE AND MAY BE REVOKED IF MY CHILD DOES NOT ADHERE TO CLUB POLICIES.

PLEASE BE ADVISED THAT OUR COMPANY PROVIDING MEDICAL PAYMENT INSURANCE HAS TERMINATED ALL FORMS OF COVERAGE. **PLEASE TAKE NOTICE THAT THERE IS NO MEDICAL PAYMENT INSURANCE COVERAGE AVAILABLE OR PROVIDED BY THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC.** YOU, THE PARENT OR GUARDIAN, MUST PROVIDE FOR ANY MEDICAL PAYMENT OR INSURANCE COVERAGE FOR YOUR CHILD.

THE BOYS & GIRLS CLUBS OF UNION COUNTY HAS MY PERMISSION TO USE PICTURES TAKEN OF ME OR MY CHILD IN PUBLICATIONS TO PROMOTE ACTIVITIES CONDUCTED AT THE CLUB.

I GIVE THE BOYS & GIRLS CLUBS OF UNION COUNTY MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ATHLETIC AND RECREATIONAL ACTIVITIES.

**ACKNOWLEDGEMENT:**

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS **AND REPRESENT TO HOLD HARMLESS THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC.** FROM ANY LIABILITY, IN CONSIDERATION OF PARTICIPATION OR ATTENDANCE AT CLUB FACILITIES OR FUNCTIONS FOR MYSELF AND MY CHILD.

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL JEOPARDIZE MY CHILD'S MEMBERSHIP AND MONIES PAID.

**AGENCY ACCEPTABLE USE POLICY**

Boys & Girls Clubs of Union County's computer network and Internet access are available to members to enhance their educational experience and become literate in an increasingly technological world. I understand that access to Boys & Girls Clubs of Union County's Network and the Internet is designed for the educational purposes and we have taken available precautions to educate members on appropriate educational materials. However, it is understood that no matter how much supervision and monitoring that the Club can utilize, there will always be the possibility of my child coming in contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Union County responsible for materials acquired on the network.



**BOYS & GIRLS CLUBS**  
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**WE AS MEMBERS:**

1. Know that fighting will result in suspension.
2. Know to always use respectful language at all times.
3. Will walk in the Club at all times.
4. Know that we must remove headgear and sunglasses before entering the building.
5. Know that electronic devices are to be left at home. We know that the Club is not responsible if it is broken, lost or stolen.
6. Know that food is only to be eaten in designated areas.
7. Will not loiter outside the building or at the front desk.
8. Are not permitted to use any staff members phone unless it is an emergency.

**MEMBERSHIP POLICIES**

**Pick-Up/Drop-Off:** We assume no responsibility for children dropped off too early and picked up late. Therefore, please drop-off and pick-up your child at the appropriate times.

**Membership Fees and Forms:** Membership fee is annual. The form must be completed in full and signed by a parent or guardian. The membership fee must be received at the time of registration. Membership is non-refundable and expires one year after the date of registration.

**Telephone Calls:** The Club’s phone is for business and emergency calls ONLY. Members are not permitted to make calls. If a call is necessary, a Staff member will place the call.

**Field Trips:** Most field trips are on a first come, first serve basis. The Staff reserves the right to take a member’s behavior into account for selection criteria. PERMISSION SLIPS are required for all trips.

**Illness:** A parent or guardian will be notified by a Staff member if your child becomes ill. Arrangements to pick-up the child as soon as possible are to be made by the parent or guardian. Any child exposed to a contagious illness is required to stay home until a doctor allows him/her to return.

**Personal Belongings:** The Boys & Girls Clubs of Union County assumes no responsibility for lost, stolen, missing, or damaged items either on the premises or on field trips. Valuable items should be left at home. Headgear and coats are not allowed to be worn in the Club and should be hung in the designated areas.

**Transportation:** It is the responsibility of the parent or guardian to make travel arrangements to and from the Club. Staff members are not permitted to give rides to any Club member.

**VIOLATIONS OF THESE RULES AND REGULATIONS, OR DISRESPECTFUL BEHAVIOR OF ANY KIND TOWARDS STAFF, VOLUNTEERS, OR OTHER MEMBERS WILL NOT BE TOLERATED!**

**The Staff reserves the right to suspend a member’s membership, send a member home, or terminate a Club membership if a member does not adhere to the rules and regulations. I have read and agree to the above information.**

**Parent/Guardian Name (Printed)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Club Member’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## PICK-UP AUTHORIZATION FORM

PLEASE READ AND SIGN:

Dear Parents,

In an effort to provide a safer environment for your child we ask for proof of identification from all adult person(s) that will be picking up your child. Please provide us with a list of those who are authorized.

Understand that if an adults name does not appear on this list we will not release your child to them. If for some reason another adult is picking up your child who is not on the list please notify the Front Desk before 12:00pm that day in order for us to update our records.

Authorized persons (including parents) to pick up your child:

1. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number (specify): (\_\_\_\_\_) \_\_\_\_\_

2. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number (specify): (\_\_\_\_\_) \_\_\_\_\_

3. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number (specify): (\_\_\_\_\_) \_\_\_\_\_

4. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number (specify): (\_\_\_\_\_) \_\_\_\_\_

5. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number (specify): (\_\_\_\_\_) \_\_\_\_\_

My child is allowed to walk home (for members 13 and up). He/She must sign out by: \_\_\_\_\_ (time)

Any child that is not picked up by the proper adult by the time the program ends will be assessed a \$10.00 late fee per half hour. This fee must be paid at time of pick up or your child will not be permitted in the program the following day.

Child's Name (PRINT): \_\_\_\_\_

Parents Name (PRINT): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
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MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Is your child under any medical/physical restrictions?     \_\_\_ Yes     \_\_\_ No

If yes, check all that apply:

\_\_\_ Asthma    \_\_\_ Diabetes    \_\_\_ Seizures    \_\_\_ Hearing Loss

Other: \_\_\_\_\_

Is your child taking any medication?                    \_\_\_ Yes                    \_\_\_ No

If yes, please list: \_\_\_\_\_

Has your child been under a doctor's care or hospitalized within the last 3 years?   \_\_\_ Yes   \_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any medications? Foods? Insect Stings?                    \_\_\_ Yes                    \_\_\_ No

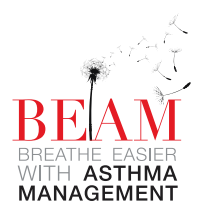
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participating in all of the activities of the Family Child Care program, except as noted above.



**CONSENT and RELEASE FOR USE OF LIKENESS**

By signing below, I grant Horizon Healthcare Services, Inc. doing business as Horizon Blue Cross Blue Shield of New Jersey, and its subsidiaries, affiliates, and successors (collectively, "Horizon") and Boys & Girls Clubs in New Jersey ("BGCNJ"), the right to use my name, likeness, voice and personal testimonials as captured on video, picture, portrait, and any images, audiotapes, videotapes, and/or interviews of me taken or recorded (included edited version thereof) (the "Recorded Materials") in any manner for the purpose of education, training, advertising, trade, or any other lawful purpose whatsoever, in print or electronic form and in any media now known or ever developed.

I grant and assign to Horizon and BGCNJ all right, title and interest in and to the Recorded Materials, including, without limitation, copyright. I confirm that I have the right to enter into this Agreement and that neither Horizon nor BGCNJ has an obligation to pay me for the Recorded Materials. I waive all my rights to review and approve the finished product as used by Horizon and/or BGCNJ and I understand that Horizon and BGCNJ are not obligated to use any of the Recorded Materials.

**I release and agree to hold harmless Horizon and BGCNJ, and anyone acting under Horizon's and BGCNJ's permission, from any liability (including, without limitation, claims for invasion of privacy or right of publicity) for any injury that may occur to me in connection with the Recorded Materials or for Horizon's or BGCNJ's exercise of its rights granted under this Agreement, except for liability for being intentionally cast in a bad light.**

This Agreement represents my entire understanding with Horizon and BGCNJ. I have read this Agreement prior to signing it, and I understand its contents. This Agreement may not be amended unless Horizon, BGCNJ and I agree in writing. This Agreement is governed by and construed under the laws of the State of New Jersey (excluding its conflicts of laws principles).

If this is a consent and release for a minor, I warrant that I am the legal guardian of the minor named below and have every right to contract for him/her in the above regard.

Has a doctor diagnosed your child with asthma?  Yes  No

\_\_\_\_\_  
Print Minor Name (If under 18)

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Parent Signatures for Policies & Information Received**

**Child's Name:** \_\_\_\_\_

**Information to Parents Document**

I understand that in keeping with New Jersey's child care center licensing requirements, the Boys & Girls Clubs of Union County are obligated to provide me, as the parent of a child enrolled in your program, with this informational statement. The statement highlights, among other things: a) My right to visit and observe your center at any time without having to secure prior permission b) The center's obligation to be licensed and to comply with licensing standards c). The obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS)

**Payment Schedule & Late Fees**

I have received a payment schedule for summer camp and understand that if payment is not received by the deadlines given, my child will not be placed on the roster and a \$10 late fee will be charged. I also understand that a bounced check will result in a \$25 fee, and all subsequent payments must be made using cash, money order or a credit card, no checks.

**Refund Policy**

I am aware that if I wish to cancel my child's registration for the program after payment has been made for the next month, the payment will be refunded less a \$5 cancellation fee. If my child is terminated from the program due to his/her behavior or a violation of club policies, I am aware that the program fee is non-refundable.

**Late Pick-Up**

I am aware that a fee of \$10.00 per half hour per child will be charged for any authorized adult picking up my child after the program ends. I am also aware that if payment is not received at the time my child is picked up, they may not be permitted to attend until payment is collected.

**Discipline & Expulsion Policy**

I have received & reviewed with my child the discipline & state expulsion policy as enforced by the Boys & Girls Club of Union County. I understand that the staff and the Director reserve the right to suspend/expel my child if they do not adhere to the rules & regulations of the program.

**I have read and agree with the above statements:**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
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<b>Official Use Only:</b>  Total Wkly. Payment= _____	Subsidy Agency: _____
	Co-Pay Amount: _____
	Subsidy Start Date: _____
	Subsidy Confirmed By: _____

Child's Name: \_\_\_\_\_ Program Enrolled In: \_\_\_\_\_  
 Registration Fee Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Week #	Dates	Date Paid	Payment Amount	Receipt #	Payment Method	Check #	Balance Owed (if any)	Receipt # (for balance)
Week 1	June 25 <sup>th</sup> -29 <sup>th</sup>							
Week 2	July 2 <sup>nd</sup> -6 <sup>th</sup>							
Week 3	July 9 <sup>th</sup> -13 <sup>th</sup>							
Week 4	July 16 <sup>th</sup> -20 <sup>th</sup>							
Week 5	July 23 <sup>rd</sup> -27 <sup>th</sup>							
Week 6	July 30 <sup>th</sup> -Aug. 3 <sup>rd</sup>							
Week 7	August 6 <sup>th</sup> -10 <sup>th</sup>							
Week 8	August 13 <sup>th</sup> -17 <sup>th</sup>							
Week 9	August 20 <sup>th</sup> -24 <sup>th</sup>							

**SUBSIDY PARTICIPANTS: IF YOU RECEIVE A SUBSIDY YOU ARE REQUIRED TO PAY THE DIFFERENCE OWED IN COST AFTER YOUR SUBSIDY IS PROCESSED, REGARDLESS THE AMOUNT OF YOUR CO-PAY ACCORDING TO THE SUBSIDY.** FOR EXAMPLE: IF YOU ARE GRANTED A \$100 A MONTH SUBSIDY YOU ARE REQUIRED TO PAY THE REMAINING BALANCE EQUAL TO THE COST OF EACH WEEK OF SERVICE. IF YOU DO NOT PAY THE REMAINING BALANCE, YOUR SUBSIDY PROVIDER WILL BE INFORMED AND YOUR SUBSIDY MAY BE TERMINATED.

**Refunds:** Full Program fees are only refunded if a program is cancelled by the club. When an adult wishes to cancel their child's registration for a program, the fee will be refunded for the remaining days minus a \$5.00 processing fee. If a child is terminated from the club program due to behavior or violation of club policies, the program fee is non-refundable.

\_\_\_\_\_  
Parent/ Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date