



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

Member's Last Name _____ Member's First Name _____ Male Female

Member's Home Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Email Address _____ Date of Birth ____/____/____ Age _____

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.



BOYS & GIRLS CLUBS
OF UNION COUNTY

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

2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE	7 PEOPLE	8 PEOPLE
\$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.

Parent/Guardian Signature (Required)

Parent/Guardian Name (Printed)

Date



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 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 may walk home at _____ pm.

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.

Parents Name (PRINT): _____

Child's Name (PRINT): _____

Parent Signature: _____

Date: _____

Dear Parents & Guardians:

The Boys & Girls Clubs of Union County requires an updated copy of your child's academic records for our files so that we may be able to assess the needs of our youth more effectively. At the end of each marking period, we will be asking for a copy of your child's report card and progress reports to track their progress. Please authorize your consent to this request by signing below.

If you have any questions concerning this matter, please feel free to contact your program director.

Child's First & Last Name

School

Grade

Teacher/Guidance Counselor

Does this child have any learning disabilities, participate in Gifted & Talented or IEP programs?

Parent/Guardian First & Last Name

Parent/Guardian Signature

EMERGENCY MEDICATION AUTHORIZATION

_____ My child **does not** have any life threatening asthma symptoms or allergic reactions.

_____ My child **DOES** have any life threatening asthma symptoms or allergic reactions. (See below)

In case of an emergency, I authorize the Boys & Girls Clubs of Union County to administer my child's asthma inhaler and/or EpiPen in the event that life threatening asthma symptoms or allergic reactions should occur.

(Name of asthma inhaler and or Epinephrine Injection Pen)

(Name of Child)

(List of serious allergens or asthma triggers)

This medication is used for _____ and is to be administered as follows:
(Purpose of Medication)

Directions for administering (including dosage, when & how):

I understand that I must provide the after school program Site Supervisor/Camp Director the medicine in the original prescription container with the child's name and correct dosage clearly marked on the original pharmacy label.

(Parent Signature)

(Date)

10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures. May be used to record administration of medication to children

INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Name of Child: _____

Child's condition for administrating medication:

cold sore throat rash ear infection
 teething injury other: _____

Name of medication/procedure _____

Prescription Non-prescription Doctor's approval required

Amount to be administrated _____

Time(s) to be administrated _____

Dates to be administrated: From _____ To _____

Refrigeration necessary Yes No

Special Instructions _____

Possible adverse reactions _____

I authorize the administration of medication to my child:

Parent Signature _____ **Date** _____

DATE(S) ADMINISTRATED	TIME(S) ADMINISTRATED	ADVERSE REACTIONS OBSERVED	STAFF MEMBER INITIALS

- Is all of the above information complete?
- Is medication in the original container with the prescription label on it?
- Is the child's name on the container?

BOYS & GIRLS CLUB OF UNION COUNTY
Technology Policy

Introduction

The Boys & Girls Club of Union County (BGCUC) has established a computer network and is pleased to offer Internet access for member use. This will allow members to have access to a variety of Internet resources. In addition, the BGCUC, sometimes, uses televisions to assist/enhance programs. In order for members to use the Internet and Televisions, their parents or guardians must first read and understand the following acceptable use policies.

Acceptable Uses

1. The computer network at BGCUC has been set up in order to allow Internet access for educational purposes. This includes activities, peer review of assigned work, and the exchange of project-related ideas, opinions, message boards, and other means.
2. Members will have access to the Internet via the computers in the Club and access is limited to when those computers/areas are open.
3. Network users must respect resource limits and will only be able to save files to the computers with staff permission. Large files that may take up excessive amounts of storage space might not be allowed to save.
4. Member use of the Internet is contingent upon parent/guardian permission in the form of a signed copy of this Acceptable Use Policy. Parents/guardians may revoke approval at any time.
5. Material created and/or stored on the system is not guaranteed to be private. Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, members should expect that emails, material placed on personal Web pages, and other work that is created on the network may be viewed by a third party.
6. Network users must keep their passwords private. Accounts and/or passwords may not be shared.
7. Network users are expected to adhere to the safety guidelines listed below.
8. Televisions may only be used in relation to a planned program and/or activity.
9. The computer network and televisions may only be used for one (1) hour, maximum. Under no circumstance will members be allowed to utilize these tools for more than the allotted time frame.
10. School issued devices will be allowed access to our wireless networks. Members will only be allowed to access their devices using their school login information.

Unacceptable Uses

1. The network may not be used to download, copy, or store any software, shareware, or freeware.
2. The network may not be used for commercial purposes. Users may not buy or sell products or services through the system without prior permission from the network administrator.
3. Use of the network for advertising or political lobbying is prohibited.
4. The network may not be used for any activity, or to transmit any material, that violates United States or local laws. This includes, but is not limited to, illegal activities such as threatening the safety of another person or violating copyright laws.
5. Network users may not use vulgar, derogatory, or obscene language. Users may not engage in personal attacks, harass another person, or post private information about another person.

6. Network users may not log on to someone else's account or attempt to access another user's files. "Hacking" or otherwise trying to gain access to another person's or organization's computer system is prohibited.
7. Network users may not access Web sites, newsgroups, or chat areas that contain material that is obscene or that promotes illegal acts. If a user accidentally accesses this type of information, he or she should immediately notify a teacher, librarian, and/or network administrator.
8. Network users may not engage in "spamming" (sending an email to more than 10 people at the same time) or participate in chain letters.
9. Technology devices shall not be used as a substitute for planned activities or for passive viewing.

Safety Guidelines for Members

1. Never give out your last name, address, or phone number.
2. Never agree to meet in person with anyone you have met online unless you first have the approval of a parent or guardian.
3. Notify an adult immediately if you receive a message that may be inappropriate or if you encounter any material that violates this Acceptable Use Policy.
4. Your parents should instruct you if there is additional material that they think would be inappropriate for you to access. BGCUC expects you to follow your parent's wishes in this matter.

Parent/Guardian Permission

I have read and understand the above information about appropriate use of technology at BGCUC and I understand that this form will be kept on file at the Club. I give my child permission to access the televisions network as outlined above. I also understand that my child's work (writing, drawings, etc.) may occasionally be published on the Internet and be accessible on a World Wide Web server.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date: _____

Member Name (print) _____

Member's School Email/Student ID: _____

Last Updated: August 2021

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 the school year 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: _____

Program Payment Information

Official Use Only:	Subsidy Agency: _____
Monthly Payment= _____	Co-Pay Amount: _____
	Subsidy Confirmed by: _____
	Date: _____

Child's Name: _____

Program Enrolled In: _____ Registration Fee Amount: _____

Date Paid: _____ Receipt #: _____

Transportation Method (circle one):

Bus Rider Walker Parent/Guardian Drop-Off In-School Program

Month	Program Dates	Payment Due Date
September	Sep 12-30	Due at Registration
October	Oct 3-31	September 30, 2022
November	Nov 1-30	October 28, 2022
December	Dec 1-23	November 23, 2022
January	Jan 2-31	December 23, 2022
February	Feb 1-28	January 27, 2023
March	Mar 1-31	February 24, 2023
April	Apr 3-28	March 31, 2023
May	May 1-31	April 28, 2023
June	Jun 1-23	May 26, 2023

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 MONTH 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 Signature

Date