

**BOYS & GIRLS CLUBS OF UNION COUNTY  
2025-2026 AFTER SCHOOL PROGRAM APPLICATION**

- **MEMBERS 5 years of age, must currently be in Kindergarten**
- **Copy of immunization record must be attached**
- **\$60.00 non-refundable membership fee**

STAFF USE ONLY	
Date: _____	Staff Intl: _____
CC: _____, Cash _____, 4C's _____ or Check #: _____	
Total Paid: _____	Receipt # _____

Type none or n/a if the questions does not apply in order to complete application process

First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_  Gender: M  F  
Current Grade: \_\_\_\_\_ Grade child will be in September \_\_\_\_\_  
**Please list any dietary restrictions:** \_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Employed by: \_\_\_\_\_  
Work phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any **custody** concerns? If yes, please attach a court order.  Yes or  No  
Does your child suffer from any **medical** concerns:  Yes or  No. If yes please explain below:  
\_\_\_\_\_

Does child take any **MEDICATIONS**?  Yes or  No If so, what kind:  
\_\_\_\_\_

Does child have any **DISABILITIES**?  Yes or  No If so, please explain:  
\_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – OTHER THAN PARENTS'/ GUARDIANS'**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the member have any siblings in the Club? Yes or  No.  If yes, please list children:  
\_\_\_\_\_

**Boys & Girls Club of Union County  
2025-2026 After School Program**

**Health Examination Form**

**THIS FORM MUST BE COMPLETED BY PARENTS**

**Member immunization record must be attached to application**

First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

Parent/Guardian Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – OTHER THAN PARENTS'/ GUARDIANS'**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Operations or serious injuries and dates: \_\_\_\_\_

Chronic or recurring illness or medical condition: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Diseases: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/Orthodontist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE?**  YES **OR**  NO

Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

**SUGGESTIONS ON HEALTH-RELATED INFORMATION FOR CAMP PERSONNEL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Authorization – this health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Club activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the Club Director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Club Director to hospitalize, secure proper treatment for and to order infection and/or anesthesia and/or surgery for my child as named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOYS & GIRLS CLUB OF UNION  
COUNTY  
2025-2026 AFTER SCHOOL  
PROGRAM  
PARENT/CLUB AGREEMENT**

**I grant permission to the Boys & Girls Club of Union County, Inc. to authorize medical care for my child in an emergency.**

We (I) hereby give our (my) consent, in the event all reasonable attempts to contact us (me) at:

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

have been unsuccessful for the administration of any medical or dental treatment deemed necessary for our (my) child by any licensed physician or dentist and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

The following information is needed by any hospital, physician or dentist not having access to the child's history:

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical impairments & other important medical problem we should be aware of:

\_\_\_\_\_

If this agreement is signed by only one person, that person represents that he or she is the only person having custody of the minor child named herein and that no other person's agreement or authorization for the purposes hereof is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the Information Sheet and Program Guide and agree to abide by the Boys & Girls Club of Union County's policies and procedures in order for my child to participate in the after school program.

**I understand that the After school program fee is non-refundable no refunds will be given for missed days.** The Club will do their best to accommodate if you need to switch months. If requesting to switch months, such request must be written at least one week in advance.

I believe my child to be in good health and has my permission to participate in all recognized Club activities. Unless specified above, my child has my permission to participate in any regular Club trips that will include activities off of Club property (daily park trips, scheduled outings and special events). I have listed all warnings and restrictions.

I grant the Club my permission to use photographs, slides, and/or videotapes taken of my child while participating at the Club in future brochures, newsletters, and visual-audio presentations, and other forms of legitimate Club promotion, provided no identifications are made in those promotions.

In consideration of the permission and privilege of my child to participate in reasonable and normal Club activities, I hereby agree to indemnify and save and hold harmless Boys & Girls Club of Union County, its staff and volunteers from all and any losses, claims or actions of any kind or nature that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in all reasonable and normal activities sponsored by the Boys and Girls Club of Union County.

NJ STATE LAW REQUIREMENT: Attach a copy of member's immunization record to the application. Your application will not be accepted without it.

4C'S RECIPIENTS: Attach a copy of your 4C's agreement listing service dates.

LATE PICK UP NOTICE: If your child is picked up late there will be a late fee. Please be aware that if your child is not picked up by 7pm we will have to turn custody of your child over to the Union Police Department and notify the Department of Human Services of child abandonment.

**\*\*\* There is a late pick-up charge of \$20.00 per half hour and must be paid upon pick up for your child to return. We will use our cellphone to keep track of the time.**

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: \_\_\_\_\_

**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)

## **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*

**Boys & Girls Club of Union  
County**

Please initial the Months your child will be attending. Space is limited as we can only allow a limited number of members. We cannot guarantee space availability once school begins.

**Monthly cost per child:**

1<sup>ST</sup> Child \$200.00, 2<sup>ND</sup> Child \$150.00 (must reside in same household)

**September 1<sup>st</sup>** \$200.00 \_\_\_\_\_ **February 1<sup>st</sup>** \$200.00 \_\_\_\_\_

**October 1<sup>st</sup>** \$200.00 \_\_\_\_\_ **March 1<sup>st</sup>** \$200.00 \_\_\_\_\_

**November 1<sup>st</sup>** \$200.00 \_\_\_\_\_ **April 1<sup>st</sup>** \$200.00 \_\_\_\_\_

**December 1<sup>st</sup>** \$200.00 \_\_\_\_\_ **May 1<sup>st</sup>** \$200.00 \_\_\_\_\_

**January 1<sup>st</sup>** \$200.00 \_\_\_\_\_ **June 1<sup>st</sup>** \$200.00 \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**EXP. DATE:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**After-School Program  
Monthly Billing & Cancellation Acknowledgment Form**

**Parent/Guardian Name:** \_\_\_\_\_

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

**Acknowledgment Statement:**

I acknowledge that I will be charged on the **first of every month** for the **After-School Program**, in accordance with the terms and conditions outlined in the enrollment agreement.

I understand that if I wish to cancel participation for any month, I must provide notice **at least one week prior to the first of that month** to avoid being charged.

**Signature:** \_\_\_\_\_

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