

**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**
- **\$105.00 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
BUDDIE AFTER SCHOOL
(GRADES K-5)**

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:

1ST Child \$320.00, 2ND Child \$300.00 (must reside in same household)

September 1st \$320.00_____ February 1st \$320.00_____

October 1st \$320.00_____ March 1st \$320.00_____

November 1st \$320.00_____ April 1st \$320.00_____

December 1st \$320.00_____ May 1st \$320.00_____

January 1st \$320.00_____ June 1st \$320.00_____

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: _____

**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.

Questions regarding 4C's contracts can be addressed to Patricia DeCastro by calling (908) 687-2697 ext 104 or email at pdecastro@bgcuc.org

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: _____