

October 20, 2014 – June 2015

Boys & Girls Club – Cooke Avenue
Carteret Middle School Unit

Afterschool Program Application

Please return this application to

Boys & Girls Club-Carteret (Room 26)
199 Washington Ave.
Carteret, NJ 07008

Space is limited to first 100 paid registrants

CONTACT INFORMATION

Program Director – Brieem Towns (732) 541-8960 ext. 4320 BTowns@bgcpa.us
CPO-Tashilee Vazquez (732) 324-2114 ext. 122 info@bgcpa.us

In partnership with Mayor Dan Reiman
& The Borough of Carteret

Boys & Girls Club – Cooke Avenue Unit
42 Cooke Avenue
Carteret, NJ 07008



MISSION STATEMENT

Our purpose – *to enable all young people, especially those who need us most to reach their full potential as productive, caring, responsible citizens.* The Club is a part of a unified nationwide affiliation of more than 4,000 Clubs who in all 50 states (and Puerto Rico and the Virgin Islands) serve over 4 million children and youth everyday. We are part of a national movement with over 100 years of changing and **saving** so many young lives.

THE VISION

Our vision – ***our “dream”***: a world where every child is given the opportunity to succeed in life and experience a brighter future. We are. . .

- ✓ **A Safe Place**....for those who may be left alone after school or on the streets with no guidance. The Club is a safe places to play and a place safe enough to be yourself. Our programs, activities, and our facilities overall are designed and offered *exclusively and only for kids*.
- ✓ **Life-Enhancing Programs**...that can open young minds. Boys & Girls Club expose youth to new ideas and skills that prepare them for life. We teach the importance of character in all of our programs.
- ✓ **A Relationship with Caring, Trained Adults**...our Club is staffed with the most experienced and compassionate youth development professionals, including certified teachers, clinical social workers and licensed counselors.
- ✓ **Hope and Opportunity**...as young people experience our Club; we become a place for hope. Hope leads to increased confidence and a brighter future. The opportunity is provided to all kids irrespective of their economic means.

OUR GOALS

- ✓ To provide high-quality educational and enrichment programs that will enable participants to improve academic achievement, and promote positive behavior and appropriate social interaction with peers.
- ✓ To implement activities that promotes parental involvement and provides opportunities for literacy and related educational development to the families of participating students.
- ✓ To measure participants' progress and program effectiveness through monitoring and evaluating.

MEMBERSHIP ENROLLMENT FORM
2014-2015

This form must be completed and signed by the parent or guardian of the student enrolling in the afterschool program.

MEMBER INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

GENDER: MALE FEMALE BIRTH DATE: _____/_____/_____ GRADE: _____
Month Date Year

Race/Ethnicity: _____ Language Spoken at Home: _____

Special Needs: Yes No Unspecified

Limited English Proficiency: Yes No Unspecified

Lunch Subsidy: Free Reduced N/A

STUDENT ID#: _____ HOMEROOM TEACHER: _____
(REQUIRED)

***Please note you must complete all fields for your child to be enrolled in "The Club". ***

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian # 2

First Name Last Name

First Name Last Name

Street Address

Street Address

City State Zip

City State Zip

Relationship to Student

Relationship to Student

PARENT Birth Date: _____/_____/_____

PARENT Birth Date: _____/_____/_____

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

E-mail

E-mail

Indicate if child lives a single parent home YES



The Borough of Carteret will be providing transportation for students from Carteret Middle School to the Boys & Girls Club at 42 Cooke Avenue, Carteret, NJ 07008. No student is allowed to walk to the Club. Parents will be notified by BGC Staff within 30 minutes of program start time if your child is absent from the afterschool program. Please sign below if you give your child permission to ride on the bus.

My child has permission to ride on the bus from Carteret Middle School to the Boys & Girls Club Afterschool Program.

Yes No _____
Parent/Guardian Signature

There will be no transportation provided after the program. You must pick up your child or indicate below if they have permission to walk home.

My child has permission to walk home after program. Yes No _____
Parent/Guardian Signature

RELEASE OF CHILD - MY CHILD MAY BE PICKED UP BY:

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

In order to keep your children safe, we ask that you provide a picture of anyone listed above.

HEALTH RECORD (To be completed by the parent or guardian)

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on back of this form.

Student's Name: _____ **Date of Birth:** _____

Please provide your child's medical history

Does your child have any Allergies: _____

Surgeries: _____
(please provide date)



Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication? YES NO

If yes, describe below.

Medication:

Does your child take medication for any condition or illness? YES NO

If yes, describe below.

X

Parent/Guardian Signature

Date

EMERGENCY MEDICAL CARE (To be completed by the parent or guardian)

Student's Name: _____

Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.
3. Following emergency medical care, my child may be released to the following people:

EMERGENCY CONTACTS

Please identify two persons who may be called between 2:30 pm and 6:00 pm if you are not available.

Name

Address

Relationship to Student

Home Phone

Work/Cell Phone

Name

Address

Relationship to Student

Home Phone

Work/Cell Phone



4. Health/Insurance Information:

Student's Doctor: _____

Insurance Company: _____

Phone: _____

Policy Holder's ID: _____

Address: _____

If your child does not have medical insurance please contact our main office at 732-541-8960 ext. 4321 for more information on how to attain medical coverage for your child.

I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.

X _____
Parent/Guardian Signature

_____ Date

HOUSEHOLD INFORMATION *REQUIRED*

The Boys & Girls Club – Carteret Unit benefits 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

| 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 |



ACADEMIC RELEASE

In order to better serve your children academically, we request academic information for your children including but not limited to school report cards, progress reports, and test scores.

I will provide “The Club” with my child’s report card, state test scores and/or academic information on a quarterly basis or upon request by Club administration

Parent/Guardian Signature

PHOTO / VIDEO / INTERVIEW CONSENT

I certify that I am the parent or legal guardian of _____

Student’s Name

I understand that this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities, and for any and all such photographs to be displayed by the Boys & Girls Club and the Borough of Carteret in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

X

PARENT OR GUARDIAN SIGNATURE

DATE



ATTENDANCE POLICY

- ❖ Attendance is an essential component of our afterschool program. Grant requirements require every child enrolled to have a 90% attendance rate counted as an active participant. It is mandatory that participants attend daily and stay through the duration of programming (3 hours). Active participants will be recognized and allowed to participate in field trips.

- ❖ Only registered members are allowed to be at The Club during out of school time. Please note no child can attend until a registration packet is complete, monthly fees are paid and student information is placed in our database.

- ❖ Members who do not attend school because of illness, truancy, or disciplinary reasons are not permitted to come to the Club until they are readmitted to school.

- ❖ Parent's will be notified by phone within 30 minutes of program start time if your child is absent from programming.

- ❖ After 3 consecutive absences, you will be asked to provide written documentation (i.e. doctor's note is ill) in order to be excused. After 3 unexcused absences, a parent meeting will be called to discuss program participation and retention in order to allow other interested students an opportunity to participate.

- ❖ Once you exit the building you will not be allowed back in.

- ❖ No refund will be provided if a student is asked to leave the program based on lack of participation or discipline.

Student Signature

Parent Signature



PROGRAM FEES

Our registration fee is \$10 (non-refundable)

Afterschool Program Fees are minimal and are used to assist with programming cost, supplies, staffing, etc. \$50 Program fees will be collected once per month totaling \$450 an academic year. Pay three months in advance and receive one month free per trimester. Monthly Fees will be due the last week of the previous month. Letters will be mailed to remind parents of upcoming fees. All payments are non-refundable.

Member's Name: _____

Registration Fee Amount: _____ **Date Paid:** _____ **Receipt #:** _____ **Staff Initials:** _____

| Month | Date Paid | Payment Amount | Receipt # | Balance Owed | Staff Name |
|----------|-----------|----------------|-----------|--------------|------------|
| October | | | | | |
| November | | | | | |
| December | | | | | |
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |

