



# Clipper Club

A Before & After School Care and Enrichment Program

**Please Print**

## STUDENT INFORMATION

Last Name:	First Name:	<input type="checkbox"/> Sibling(s) also Enrolling in Program:
Street Address:		<input type="checkbox"/> Eligible for Free & Reduced Lunch
Grade:	Homeroom Teacher:	<input type="checkbox"/> BOTH Before & After Care
		<input type="checkbox"/> Before Care ONLY
		<input type="checkbox"/> After School Care ONLY
List all Allergies:		

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian #1:

First Name:	Last Name:	
Street Address:		City:
Home Phone:	Work Phone:	Cell Phone:
Relationship to Student:		Email:

### Parent/Guardian #2:

First Name:	Last Name:	
Street Address:		City:
Home Phone:	Work Phone:	Cell Phone:
Relationship to Student:		Email:

## EMERGENCY CONTACT INFORMATION

Name:	Phone:	Relationship to Student:
Name:	Phone:	Relationship to Student:

This form must be **completed and signed** by the parent or guardian of student enrolling in the Clipper Club Program. Please submit forms to the BOE OFFICE, 350 EAST CLINTON STREET, CLAYTON, NJ beginning 8/19/2021 between 8-3PM along with the **registration fee**. (*LIMITED CAPACITY, FIRST COME, FIRST SERVE BASIS.*)

## RELEASE OF STUDENT

My child will be picked up by 5:30 each day by myself or one of the following approved individuals:

Name	Relationship to Child	Telephone #
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Name	Relationship to Child	Telephone #
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I understand that if I do not pick my child up by 5:30pm, the Lateness Policy outlined in the Parent Handbook will take effect.

## PROGRAM COST

### \$25 REGISTRATION FEE

There is a \$25 fee to register your child for this program. (Note, this fee applies to the family's 1<sup>ST</sup> child. For each additional sibling, there will be a \$10 fee. (*LIMITED CAPACITY, FIRST COME, FIRST SERVE BASIS.*)

### MONTHLY PROGRAM FEE

This program is supported through a combination of grant funds and family financial contributions. The current rate for the 2021-2022 school year is as follows:

- BEFORE SCHOOL (ONLY):                      \$80/MONTH
- AFTERSCHOOL (ONLY):                         \$100/MONTH
- BOTH BEFORE & AFTER SCHOOL:             \$150/MONTH

Checks should be made payable to: Clayton Public Schools and sent to the Clayton BOE office 350 East Clinton Street, Clayton, NJ 08312.

Payment Schedule:

August 20 <sup>th</sup>	January 20 <sup>th</sup>
September 20 <sup>th</sup>	February 20 <sup>th</sup>
October 20 <sup>th</sup>	March 20 <sup>th</sup>
November 20 <sup>th</sup>	April 20 <sup>th</sup>
December 20 <sup>th</sup>	May 20 <sup>th</sup>

(Note: A \$20 Discount will be applied to the monthly program fee for siblings of the first child registered.)

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