<u>Summer Programming 2024- Early Education Center Enrollment Application</u> *New students must submit a Universal Health form and their Immunization Records.

Child's Name:	Date of Birth:			
Address:				
City:	State:	Zip:	Sex:	
Primary Number		Age as of 10/15/24:	years	_ months
Parent/Guardian Information:				
Name:		Relationship to Child:		
Email Address:				
Business Name:		Business Phone:		
Business Address:				
Cell Phone:	He	ome Phone:		
Name:		_ Relationship to Child: _		
Email Address: Business Name:		Business Phone:		
Business Address:				
Cell Phone:	He	ome Phone:		
Persons authorized to pick up of Name: Relationship to child: Phone: *If there is a person/people who a them below and provide document	are not allowed to pi	Name: Relationship to child: Phone:		
Child's Doctor:		Phone:		
Physicians Address:				
Are there any conditions or speci		physical that require spec	ial attention?	
Allergies or medication:				
As the parent/guardian of the above narimmutable and unconditional right and an audio/video/photograph/film and/or j said audio/video/photograph/film and/or any and all right to inspect and/or appro- and/or otherwise utilized as deemed app	ned child I do irrevocabl permission to use my ch printed material includin r printed material at the sove any a video/photogra propriate by the Boys & PLEASE	ild's name, likeness, voice and/ g the right and permission to co sole discretion of the Boys & G ph/film and/or printed material Girls Club of NWNJ. CHECK ONE:	for image for the opyright, use, pro- irls Club of NW that may be pub	purpose of producing oduce, and/or publish /NJ. I further waive lished/distributed
□Yes, I give my full consent on be	half of said minor.	□No, I do not give m	y consent on b	ehalf of said minor

Consent to participate

I hereby give consent for my child to participate in the Boys & Girls Club of NWNJ. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of NWNJ its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities. By my signature, I attest to the following: That the above information is correct. That in the event of a medical emergency, I authorize the Boys & Girls Club of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.