

# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB  
OF HACKENSACK**

*A Unit of the Boys & Girls Clubs of Lower Bergen County*

**2020-2021**

**AFTER SCHOOL PROGRAM INFORMATION**

**September 14, 2020- June 18, 2021**

**#1 REMOTE LEARNING/SCHOOL DAY CHILDCARE:** 7:45am - 3:00pm - Members are able to complete their remote learning in a safe and supervised environment. \$635 per month flat rate. If enrolled in the Automatic Payment System rate is discounted to \$420. \*Sibling Discount Available if enrolled in Automatic Payment System.

**#2 AFTERSCHOOL PROGRAM :** 3:00pm - 6:00 pm - traditional after school program. Organized structured activities in a safe setting. \$320 per month flat rate. If enrolled in the Automatic Payment System rate is discounted to \$210.

**#3 REMOTE LEARNING/SCHOOL DAY CHILDCARE + Afterschool:** 7:45am-6:00pm. Members can come and complete their remote learning in a safe environment. After the school day ends members will participate in activities that are interest based, recreational, and enriching. \$650 per month flat rate. If enrolled in the Automatic Payment System rate is discounted to \$595. \*Sibling Discount Available if enrolled in Automatic Payment System.

**Option Selected: #1 / #2 / #3 (Circle One)**

**WE ACCEPT ALL E-CHILD CARE SUBSIDY SERVICES**

All Subsidy parents will be required to pay the difference between our rates and what subsidy will pay.

Boys & Girls Club of Hackensack's Child Care Programs will only accept payments on an automated recurring payment system. Debit / Credit Card information must be provided.

**NO EXCEPTIONS**

**IMMUNIZATION RECORDS & HEALTHCARE PLANS MUST BE SUBMITTED**

**BEFORE CHILD CAN START PROGRAM**

## ***Automatic Payment System***

*Boys & Girls Club of Hackensack uses an automatic payment system. Our main goal is to provide every opportunity to make your time here at the Club easier and more convenient. All Childcare program fees will be collected through a recurring payment process. Upon registration, you will provide us with a valid credit card or debit card. Each month on a specified date the monthly fees will be automatically debited from your account.*

### ***Recurring Payments will make your life easier:***

- ***Its convenient (saving you time)***
- ***Your payment is always on time, eliminating late charges and follow up phone calls.***
- ***Avoid congestion and waiting at the Front Desk.***

**It is the responsibility of the parent to notify the Club of any changes to the information provided for recurring payments. Any fees or charges resulting from wrong information will be the responsibility of the parent.**

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Boys & Girls Clubs of Lower Bergen County, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Boys & Girls Clubs of Lower Bergen County, Inc** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$30.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/ debit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

**AFTER SCHOOL PROGRAM  
AGREEMENT & AUTHORIZATION**

I agree to pay all fees as predetermined by the Boys & Girls Clubs of Lower Bergen County, Inc. In accordance with stipulated due dates. I understand that all late payments will be subject to 1 ½% interest fees. In the event of non-payment I will be responsible for all attorney costs and understand that my child will be suspended from the Club until all fees are paid.

I have read and understand the following forms as they relate to the Boys & Girls Club of Hackensack After School Program and agree to abide by them during my child's enrollment as stated in the program.

- Illness/communicable disease policy
- Information to parents
- Membership application
- Discipline Policy
- Expulsion Policy
- Policy on release of children
- Statement of good health form
- Healthcare Plan (if applicable)
- Social Media Policy
- Member Bathroom Policy
- Payment policy
- Automatic Payment Policy
- Covid 19 Policy

Member's Name \_\_\_\_\_

Parents Name \_\_\_\_\_ / Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS**  
OF LOWER BERGEN COUNTY

Dear Parent,

In keeping with New Jersey's child care center-licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things; your right to visit and observe our center at any time without having to secure prior permission, the center's obligations to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the state's Division of Youth and Family Services (DYFS).

Please read this statement, if you have any questions please feel free to contact Marcia Ramos at 973-473-7410 ext. 116.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joseph J. Licata', with a horizontal line extending to the right.

Joseph J. Licata, MPA  
Chief Executive Officer

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Please complete and return this portion to the center (please print)

Name of Member \_\_\_\_\_

Name of Parent (s) \_\_\_\_\_

I have read and received a copy of this information to parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services

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

**BOYS & GIRLS CLUB OF LODI PAYMENT POLICY**

**Please initial next to each statement**

\_\_\_\_\_ All payments will be automatically debited from a debit or credit card that you provide. All payments will be processed by the 10<sup>th</sup> of the month.

\_\_\_\_\_ **The After School Program is a FLAT FEE and all months are charged equally.** There are no credits for absences. NO EXCEPTIONS. Due to Covid-19, we may offer prorated payments for partial months.

\_\_\_\_\_ Only full payments will be accepted.

\_\_\_\_\_ Any declines in debit or credit card payments will result in the parent/guardian paying any and all fees for such situations.

\_\_\_\_\_ In the event of Non-payment, the member's parent/guardian will be responsible for all attorney costs and the child will be suspended from the Club until fees are paid in full.

\_\_\_\_\_ Cancellation of Debit or Credit Card must be reported to our Front Desk so the information can be updated in our systems no later than the 1<sup>st</sup> of each month.

\_\_\_\_\_ Failure to follow proper E-Child Care procedures will result in termination from the program, payment of the full program fees and notification to the Office for Children (OFC).

\_\_\_\_\_ E-Child care parents must pay all co-pays, surcharges and bus fees as outlined above. Lack of payment will result in suspension and/or termination.

**I HAVE READ AND AGREE TO ALL THE TERMS LISTED ABOVE**

Member's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# PHOTO RELEASE FORM

Member Name \_\_\_\_\_

Membership Number \_\_\_\_\_

## ***OFFICIAL RELEASE FORM FOR MEDIA / PROMOTION***

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I hereby give the Boys & Girls Clubs of Lower Bergen County Permission to take photographs of my child or photographs in which my child may be involved with others for the purpose of promoting the Club in photos, articles, videos, brochures, and / or flyers.

I hereby release and discharge the Club from any and all Claims out of use of the photos and / or videos

I have read the foregoing document and fully understand its content.

### **Please check the box if you grant access or deny permission to use your child's image**

(\_\_\_\_\_) I deny permission to use my child's image in any media

(\_\_\_\_\_) I give permission for my child's image to be used in print, video and digital media. I agree these images may be used by the Boys & Girls Clubs of Lower Bergen County for a variety of purposes, and these images may be used without further notifying me. I do understand that my child's last name will NOT be used in conjunction with any video or digital image

Parent/Guardian Name \_\_\_\_\_ Parent/Signature \_\_\_\_\_

Date entered into Comet \_\_\_\_\_

Staff member Initials \_\_\_\_\_

## **APPROVED PARENT / GUARDIAN PICKUP PROCEDURES**

In an effort to MAINTAIN A HIGH LEVEL OF SECURITY we will be asking all parents and adults that will be picking up your child/children from the After School Program to provide a photo ID in order to pick up a child from our program. It is important that the Parent/Guardian provides a list of adults who are allowed to pick up a child. Anyone not on this list will NOT be allowed to pick up the child. Please complete the list below and provide the full names of those allowed to pick up your child including those you already listed on the membership application. All approved adults will be asked to sign out their child at the front desk or at a location designated by Club staff. Should you have any questions regarding this policy please feel free to speak with Michael Hosier directly.

Member's Name \_\_\_\_\_ Membership Number \_\_\_\_\_

**Approved Parent / Guardian to pick up child (please print) please include first & last name**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

6. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

7. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

8. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_ DOB: \_\_\_\_\_

***(all fields must be completed)***

**ANY ADULT WHO COMES TO PICK UP YOUR CHILD AND IS NOT ON THIS LIST WILL NOT BE ABLE TO TAKE YOUR CHILD FROM THE FACILITY.**

IN AN EMERGENCY SITUATION THE PRIMARY PARENT / GUARDIAN MUST CONTACT THE CLUB AND INFORM THEM OF SOMEONE NEW COMING TO PICK UP THEIR CHILD AND A PHOTO ID MUST BE PRESENT WHEN THE ADULT COMES TO PICK UP THE CHILD.

**Parental Release Form**

***Please initial next to each individual item on the form below, and sign and date at the end of the document.***

**\_\_\_\_\_ School Information**

I give my permission to the Boys & Girls Club of Hackensack and the Hackensack School District or your child's school district to exchange information regarding the minor child listed in this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the Lodi School District or the Boys & Girls Club in writing.

**\_\_\_\_\_ Surveys and Questionnaires**

I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Club of Hackensack to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcome Survey or other survey instruments.

I also give my permission to the Boys & Girls Club of Hackensack to share information about the child listed in this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on a membership application form, information provided by the child's school or school district, and other information collected by Boys & Girls Club of Lodi, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

**\_\_\_\_\_ Technology**

As a member of the Boys & Girls Club of Lodi, your child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate websites. The Boys & Girls Club will have rules and consequences at the Club for such behavior, and will not be held liable in such situations.

Member's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



## STATEMENT OF GOOD HEALTH

Member's Name \_\_\_\_\_ Age \_\_\_\_\_

I understand that my child is in good health and has NO RESTRICTIONS placed upon him/her while participating in the After School Program activities. Should there be any changes to my child's health I will notify the Boys & Girls Club in writing to inform them of the changes. I grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a member become ill or injured while participating in activities at the Club, or at any time when neither parent is available to grant authorization for emergency treatment.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My child takes the medication listed below on a regular basis and may need to take this medication while under the care of the Boys & Girls Club of Hackensack. I understand that I must submit in writing instructions for my child to take medication while at the Boys & Girls Club of Hackensack. Please be advised that the Club has the right to not allow children to take certain medications. There is also a form provided by the Office of Licensing that I must sign and Club staff must complete upon each time my child takes any of the medications listed below.

Has a physician diagnosed your child with asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

### WE ONLY ADMINISTER LIFE SAVING MEDICATIONS

1. \_\_\_\_\_ how often must medication be taken: \_\_\_\_\_
2. \_\_\_\_\_ how often must medication be taken: \_\_\_\_\_
3. \_\_\_\_\_ how often must medication be taken: \_\_\_\_\_

My child has the following allergies:

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

What to do if my child has an allergic reaction:

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

***A Healthcare Plan must be completed by a doctor for any child with allergies. Your child will not be able to start the program until the healthcare plan is completed.***

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS**  
OF LOWER BERGEN COUNTY

## MENTORING PROGRAM

### PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for \_\_\_\_\_ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

Date \_\_\_\_\_

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by \_\_\_\_\_. (Date)

## ***Additional Terms and Conditions***

***Please initial next to each individual item on the form below, and sign and date at the end of the document.***

\_\_\_\_\_ **Club Closing Policy** – Our policy on inclement weather is when the Hackensack Public Schools Close, the Boys & Girls Club of Hackensack closes. We also reserve the right to close the club for other weather and/or health related emergencies. You will be notified as soon as a decision is made. Daily refunds will not be given for any weather or emergency closings. Please check our Facebook for closure updates or call for an automated message.

\_\_\_\_\_ **Program Absences** – The After School Program is a flat monthly fee and must be paid in full each month by the designated date. **We will not provide refunds for individual absences, vacations, or failure to attend the program regularly.** Our program is based on holding a spot for your child, and we cannot operate our program effectively if we continuously give credits for individual absences.

When your child is going to be absent you must call the Club ASAP. When you do not contact the Club we spend too much extra time going through our procedures to locate your child who is absent and it delays our buses bringing our members back to the Club in a timely fashion.

\_\_\_\_\_ **Food Allergies-** Please provide any and all allergy information when completing your application. If your child requires special medication or treatments please speak with Mike Hosier immediately.

\_\_\_\_\_ **Kids Café Program-** The Boys & Girls Club of Hackensack has a long standing relationship with the Community Food Bank of New Jersey. We will provide a nutritious dinner daily starting at 6:00pm. State regulations clearly state that only dinner can be served with this program. Therefore, on half days and no school you must provide your child with lunch or provide money to purchase lunch at the Club. The Kids Café program does not provide breakfast or lunch for our program. **Kids Café program will not start until October 2020.**

\_\_\_\_\_ **Lunch/Snack-** Unless otherwise notified, you must send your child with his/her own lunch and snack. There will be no food or snacks provided or for purchase at this time. We do not heat up any food, nor do we have space to store food in a refrigerator.

\_\_\_\_\_ **Club / Parent Communication -** In many instances the Club needs to contact parents for a variety of different reasons, Club Closings, program updates, payment requests etc. The Boys & Girls Club of Hackensack will be introducing **Call-em-All** as a Parent notification tool. Please provide the main contact cell phone number.

\_\_\_\_\_ **Club Trips –** On occasion the Boys & Girls Club of Hackensack will offer trips for our members to participate in. For each trip you will need to complete an individual permission slip. There is no blanket permission slip for trips.

\_\_\_\_\_ **Personal Belongings –** The Boys & Girls Club of Hackensack is not responsible for lost or stolen personal belongings. Please refrain from allowing your child to bring anything of value to the Club, as we cannot be held liable if items are lost or stolen. It is important to put your child's name on all personal items including clothes so it will make it easier for Club Staff to return items to its owner.

\_\_\_\_\_ **Lost Clothing/Items –** Please make every attempt to notify us of any lost articles of clothing, school clothes, or school books and materials if school uniforms or any school related materials are not claimed within a week we return the items to the schools. All school uniforms that are not claimed within one week will be sent to Columbus School.

\_\_\_\_\_ **Lost & Found** – All items will be kept in a bin located in the Program Office. Items will be cleared and donated every Friday at 12:00pm. Please make every attempt to search the **Lost & Found**. **\*During the Covid-19 Pandemic all lost clothing will be discarded daily. We cannot hold on to them for sanitary reasons.**

\_\_\_\_\_ **Pick-up / Drop Off** – There is absolutely no standing, parking, picking up or dropping off permitted in the designated “Fire Lane.” You must park in a parking space for pick-up / drop-off. Any violation of this policy will result in punishment to the fullest extent of the law. Parents will be responsible for any towing costs or legal fees. This is per town and State Law. During the Covid-19 Pandemic, no parents will be permitted to enter the Club building. All children will be picked-up from outside. Parents must wear face coverings when picking up children. **You must also park in the “Boys & Girls Club” designated spaces only.**

\_\_\_\_\_ **Cancellation Policy** – In the event that your child will be absent for an extended period of time or removed from the program, you must provide the Club **30 days’ written notice**. If you make this request without 30 days’ notice your automatic payments will not stop until the following month. If you are leaving the program and do not provide sufficient notice you will not receive any credits. \*During the Covid-19 pandemic, we will work with families that need to modify program selections as best we can. We cannot edit auto payments without at least two weeks notice. **MEMBERSHIP FEES ARE NOT REFUNDABLE.**

\_\_\_\_\_ **Late Pick Up Policy Covid-19** – The Program has set hours of operation. Due to the Covid-19 Pandemic, all children must be picked up promptly at 5:05pm or their set end time based on program selection. This is to ensure we have enough time to clean and disinfect for the next day. **Parents will be charged \$10 per every fifteen (15) minutes for every child that is picked up after 6:05pm.**

\_\_\_\_\_ **Late Pick Up Policy Normal Times** – During normal times, The After School Program operates from 3pm-7pm. Parents are given a grace period to pick up their children until 7:30pm. Parents will be **charged \$10 per half hour** for every child that is picked up at 7:30pm or later. We do not have the staff in place to keep children beyond 7:30pm. On half days or vacation days, children must be picked up by 6:30pm. The same policy is in effect for half days and vacation days, with the exception that late charges will begin at 6:30pm.

\_\_\_\_\_ **Social Media / Phone Policy/FaceTime/Video Chat** – The Club will not be held responsible for the usage of cell phones, tablets or other electronic devices in the Club. We do not monitor member’s usage of social media at the Club. If your child posts pictures or videos of other children you will be held responsible for such actions. It is strictly prohibited for any parent to speak to another child without Club staff and that child’s parents being present. If you choose to utilize a video chat feature to do so you will be prosecuted to the fullest extent of the law. *The Club’s Social Media policy is in effect for STAFF only.*

\_\_\_\_\_ **Covid-19 Policies/Procedures:**

All members must be screened and have their body temperatures taken prior to entry into the facility. If any member, or anyone in their households, exhibits any COVID-19 related symptoms or is positive for COVID-19, then the member will not be permitted to participate in the program. In order to return to camp, the member must produce two (2) negative COVID-19 test results and have followed CDC recommended isolation period.

If you are traveling to a city or state that is listed by New Jersey as a travel advisory, at any time, then your child will be required to quarantine for 14 days when you return from that area. If a city or state is added to the list after you return, your child will need to quarantine for the 14-day period.

For the healthy and safety of all children and staff, all members must properly wear face coverings (masks) at all times throughout the program, unless during scheduled eating times. If your child is unable to wear a face covering (mask) due to medical, age or other reasons, he/she will not be able to attend our program. If your child does not properly wear his/her face covering (mask), he/she will be expelled from the program. **\*Please refer to the attached CDC document regarding proper masks.**

All members must frequently clean and/or sanitizer his/her hands throughout the day. We will provide hand sanitizer. Members will be restricted to certain areas to maintain proper distancing and safety. If a member is unable to stay in his/her area, the member will be expelled from the program. **NO MEMBERS ARE PERMITTED TO WANDER THE CLUB FACILITIES ALONE, AND HE/SHE WILL BE EXPELLED IN THIS CASE.**

By signing below, I have read & understand the Club policy page and agree to all the information that has been provided in this document.

Parent Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

Member Name: \_\_\_\_\_

# **E-CHILD CARE POLICIES & PROCEDURES**

**PLEASE INITIAL NEXT TO EACH STATEMENT.**

**Boys & Girls Clubs of Lower Bergen County accepts all subsidy programs. It is important that parents follow these procedures to ensure timely swiping & quick payments.**

**\_\_\_\_\_ Parent swiping must be current at all times. If for any reason you cannot swipe daily, all swipes for that week must be completed by Friday of that week.**

**Club staff will continuously monitor all swiping. You will be notified by Club staff if you are missing swipes.**

**\_\_\_\_\_ Failure to complete all swipes within the designated time period may result in OFC not paying us for that time period, therefore you will be billed at the full rate of our After-School Program that we do not get paid for.**

**\_\_\_\_\_ If swiping is not done consistently OFC will be notified. Please be advised that OFC constantly monitors all swiping. Staff at the OFC offices will contact you if you are missing swipes as well.**

**\_\_\_\_\_ All copays surcharges, and bus fees must be paid on time and follow our automatic recurring payment methods.**

**\_\_\_\_\_ Co-payments are calculated by OFC not the Boys & Girls Clubs of Lower Bergen County. This amount is according to the parent's contract with the program. Co-payments must be paid every month as stated by the Office for Children, and Club policy.**

**\_\_\_\_\_ There is an additional monthly charge of \$40 for all parents receiving state subsidy to offset the additional bus costs the program incurs. \*There is no busing at this time.**

**\_\_\_\_\_ If your child is not in the portal, Boys & Girls Clubs of Lower Bergen County must complete discrepancy forms (manual attendance). These forms must be signed by the parent every two weeks, please make every attempt to come to the Club and ask to sign this paperwork. Failure to sign these forms may result in a temporary suspension from the Club program.**

**Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Member Name: \_\_\_\_\_**

**AUTHORIZATION AND WAIVER OF LIABILITY POLICY**

I, the parent or guardian of the above named member and beneficiary of the BOYS & GIRLS CLUBS OF LOWER BERGEN COUNTY, INC. (THE CLUB), do hereby give approval for participation in any and all activities during the current membership year. I recognize and acknowledge that THE CLUB is a community non-profit organization established for charitable and educational purposes, of which I and my child/children are beneficiaries.

I assume all risks and hazards that may be a part of or incidental to participation in activities that THE CLUB sponsors. I hereby expressly waive, release and absolve THE CLUB of any and all liability and fault for any and all claims arising out of any injury or death, contraction of any communicable diseases including but not limited to COVID-19 to the participant result from his/her participation in activities conducted or sponsored by THE CLUB. Further, I agree to hold harmless and indemnify THE CLUB, its organizers, supervisors, and participants from any and all claims arising out of any injury or death to the participant.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

**GENERAL MEMBERS/TEEN MEMBERS/RECREATIONAL PARTICIPATIONS/YOUTH VOLUNTEERS**

I understand that the BOYS & GIRLS CLUBS OF LOWER BERGEN COUNTY, INC. conducts a licensed child care program organized for community charitable and educational purposes. I understand that my child, who is not a member of the licensed after school program or a participant in the licensed summer program, may freely come to and depart from THE CLUB facility, and that THE CLUB is not responsible for the time or manner in which my child may arrive at or leave from THE CLUB.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

**Member Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Policy on Homework Completion**

The Boys & Girls Club of Hackensack wishes to provide your child with the best experience as possible while in our program. Most children would rather participate in fun and enriching programs and activities while at our club. Therefore, we are now implementing an “opt-in” policy for homework. If you wish for your child to be provided with one (1) hour of time to complete his/her homework, Monday -Thursday, you must opt-in below. Please be advised that if you opt-in for homework time, it is only to give your child some time to complete his/her homework. We cannot guarantee the completion of all of your child’s homework, nor can we provide one on one homework assistance. We will do our best to help your child during homework time.

**Unless the below is initiated, your child will not be provided with time to complete his/her homework.**

\_\_\_\_\_ I opt-in for my child to be provided with one (1) hour of homework time Monday-Thursday.

**By Signing Below I have read and understand the Policy on Homework Completion:**

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Policy on Remote Learning**

We understand that the Covid-19 Pandemic has provided a unique challenge for students to learn. And so, we wish to provide them with a safe and conducive environment for our members to complete their remote learning.

We have a limited number of Chromebook/Devices to be loaned to members in need. For those members in need of a loaner Chromebook/Device, there will be a lottery conducted at the beginning of the program. For sanitary reasons, those members, who are in need and selected via the lottery, will have the device assigned to them for as long as it is needed. When a device opens, a new lottery will be conducted for those not yet assigned a device, and will follow the same procedure. Members will not be permitted to take loaner devices home. Parents will be responsible for any damage and/or replacement costs for devices damaged by its assigned member.

If your child will be bringing his/her own device, we ask that you put your child's name on the device. We also ask that you send the device with a full charge, as we have a limited number of electrical outlets for members to share. The Boys & Girls Club is not responsible for lost, stolen or damaged personal devices.

Our facilities are equipped with Wifi and internet. We do our best to maintain and upgrade the internet as needed. However, we cannot be held liable for Wifi/Internet/Power Outages while your child is participating in remote learning. These outages are many times out of our control.

We will have basic school supplies on hand for our members; however, if their teacher or school requires them to have certain school supplies, then you should send your child to the Club with them.

During the remote learning hours, staff will only be in the room to supervise your child. The staff member is not a certified teacher. We will do our best to make sure your child is able to participate in his/her remote learning.

After the remote schooling hours end, your child must participate in Boys & Girls Club Programming.

**Please initial below if you child is in need of a loaner device:**

\_\_\_\_\_ **My child is in need of a loaner device.**

By Signing Below I have read and understand the Policy on Remote Learning:

Parent Name: \_\_\_\_\_

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

**Office Use Only**

Date Received: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
BY: \_\_\_\_\_

**Boys & Girls Clubs of Lower Bergen County, Inc.**  
50 Brookside Avenue #1  
Lodi, N.J. 07644

**Office Use Only**

Member Name(s):  
\_\_\_\_\_  
\_\_\_\_\_

**Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time)
- Your payment is always on time, eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit card or debit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Boys & Girls Clubs of Lower Bergen County, Inc.** to charge my credit/debit card indicated below on the **day of each month or week as list below** for the payment of my child(ren)'s tuition.

**MANDATORY INFORMATION**

**Billing Address** \_\_\_\_\_ **\*Phone#** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **\*Email** \_\_\_\_\_

**Payment Schedule**

**Afterschool Program:**

- o 1<sup>st</sup> Month Paid at Registration
- o All other monthly payments will be charged on the 10<sup>th</sup> of each month.

**Summer Camp:**

- o 1<sup>st</sup> Week of Camp Paid at Registration.
- o All other weekly payments will be charged on the Wednesday of each week prior to the week your child is attending.

**Request for Change in Payment Date:**

In an effort to make paying as convenient as possible, we may allow for you to change the payment date. Date changes must be consistent and need to be approved by the Supervisor of Membership Clerks. No payment date can be after the month or week of service. Please allow up to 2 weeks' notice for approval.

**\*Driver's License for all Payment Methods\***

State: \_\_\_\_\_  
#: \_\_\_\_\_  
Exp: \_\_\_\_\_

***This section is required for all Transactions.  
Attach Copy of ID to this application.***

**Credit Card/Debit Card**

- Visa  MasterCard
- Amex  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Boys & Girls Clubs of Lower Bergen County, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Boys & Girls Clubs of Lower Bergen County, Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/ debit card and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

**REVISED 08/27/2020**

# Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

## How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

## CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

## Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

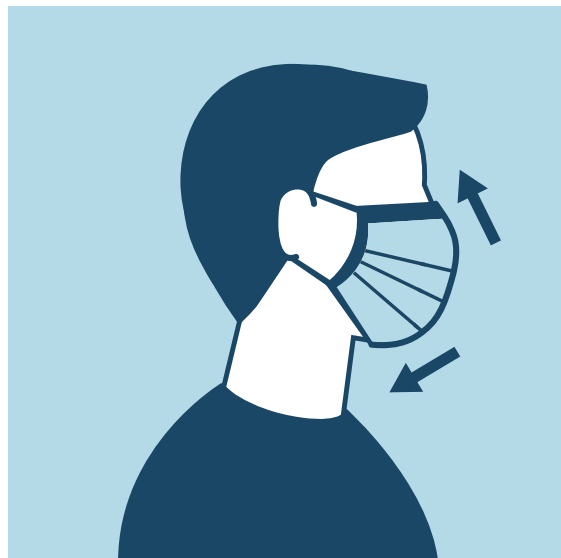
Yes. They should be routinely washed depending on the frequency of use.

## How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

## How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.

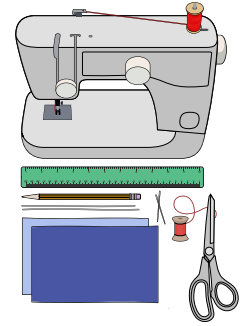


[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# Sewn Cloth Face Covering

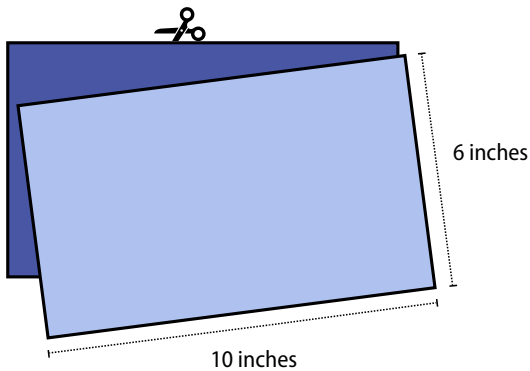
## Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

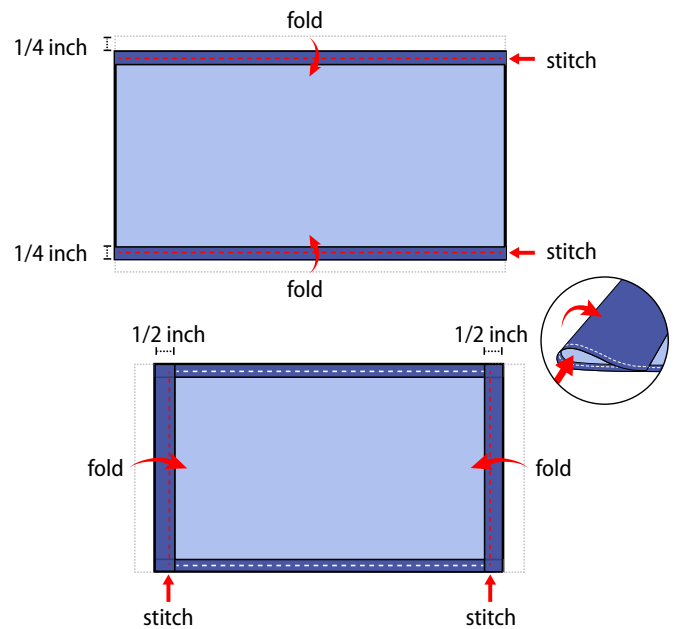


## Tutorial

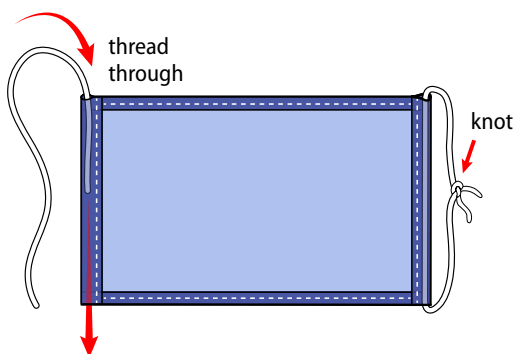
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.



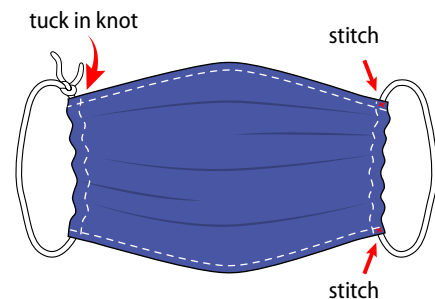
2. Fold over the long sides  $\frac{1}{4}$  inch and hem. Then fold the double layer of fabric over  $\frac{1}{2}$  inch along the short sides and stitch down.



3. Run a 6-inch length of  $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the cloth face covering on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.

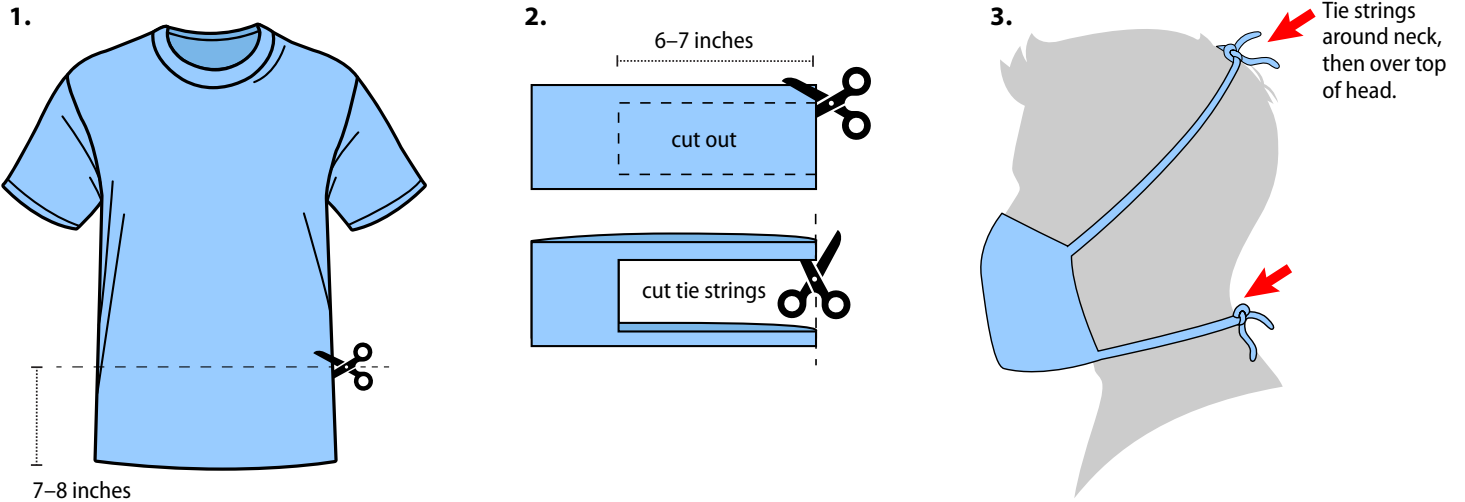


## Quick Cut T-shirt Cloth Face Covering (no sew method)

### Materials

- T-shirt
- Scissors

### Tutorial



## Bandana Cloth Face Covering (no sew method)

### Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

### Tutorial

