



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

Priority Registration 2020-2021

ECE Preschool

Summer ECE Preschool

Summer Camp & Fun Club

**LAST DAY OF PRIORITY REGISTRATION:
February 17th, 2020**

**REGISTRATION NIGHT:
Feb 10th & 17th 6:00pm - 8:00pm**

(Sign in at Front Desk)

Space is NOT Guaranteed After 02/17/2020

Sibling Discount

10% for the second child
5% for the following siblings

You have received this packet for priority registration since your child is currently enrolled.

All existing accounts must be current to take advantage of Priority Registration

**Financial Aid Packets and Registration in Spanish
can be picked up at the Front Desk**

Financial Aid applicants spot is NOT guaranteed until contract is signed.



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

REGISTRATIONS FORMS

ECE Preschool

and

Fun Club

September 8, 2020 - June 25, 2021

SIBLING DISCOUNT

10% for the second child

5% for the following siblings

For more information please contact:

ECE PRESCHOOL

Betty Lou Ostrye (914)666-8069 x103 or bostrye@bgcnw.com
to discuss program, number of days, hours and fees

ADVENTURE CAMP & FUN CLUB

(914) 666-8069

You can download Financial Aid Packets in our website

Financial Aid applicants spot is NOT guaranteed until Contract is signed



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

EARLY CHILDHOOD EDUCATION

SUMMER

June 29 - August 21, 2020

FALL-WINTER-SPRING

September 8, 2020 - June 25, 2021

Please contact Betty Lou Ostrye at (914)666-8069 x103 or
bostrye@bgcnw.com
to discuss number of days, hours and fees prior Feb. 17th

Financial Aid applicants spot is NOT guaranteed until contract is signed.



SUMMER CAMP 2020 HOURS AND FEES JUNE 29 - AUGUST 21, 2021

Registration Fee (Membership): \$75

All current Fun Club K-5 Participants: \$75 per child to register for Camp and/or Fun Club 2020

6th-7th-8th Grades families: DEPOSIT \$275 and must PAY in FULL making payments monthly starting with registration.

NOT CURRENT MEMBER: 50% of the tuition due at registration.

The balance to be PAID in FULL before May 29th 2020

Camp registration closes on March 31, 2020

8 WEEKS		4 WEEKS		8 WEEKS	
GRADES 1-6		GRADES 1-6		GRADES 7-8-9	
				ONLY THREE TRIP CAMP	
9:00-4:00PM	\$1,200	9:00-4:00PM	\$800	9:00-4:00PM	\$1,600
7:30-9:00AM	\$380	7:30-9:00AM	\$250	7:30-9:00AM	\$380
8:00-9:00AM	\$270	8:00-9:00AM	\$140	8:00-9:00AM	\$270
8:30-9:00AM	\$135	8:30-9:00AM	\$70	8:30-9:00AM	\$135
4:00-6:30PM	\$650	4:00-6:30PM	\$350	4:00-6:30PM	\$650

FUN CLUB 2020-2021 HOURS AND FEES SEPTEMBER 8, 2020 - JUNE 25, 2021

All current Fun Club K-5 participants: \$75 per child to register for Camp and or Fun Club 2020

Tuition Payment: September 15th, 2020 through June 15th, 2021 for a total of 10 payments.

187 School Days, Superintendent Conference Days and School Half Days.

5 Days	3:30-6:30	\$4,870	5 Days	7:30-8:30	\$1,480
4 Days	3:30-6:30	\$3,900	4 Days	7:30-8:30	\$1,184
3 Days	3:30-6:30	\$2,950	3 Days	7:30-8:30	\$888
2 Days	3:30-6:30	\$1,950	2 Days	7:30-8:30	\$592
5 Days	3:30-5:30	\$3,247	5 Days	8:00-8:30	\$740
4 Days	3:30-5:30	\$2,598	4 Days	8:00-8:30	\$592
3 Days	3:30-5:30	\$1,950	3 Days	8:00-8:30	\$444
2 Days	3:30-5:30	\$1,300	2 Days	8:00-8:30	\$300



REGISTRATION

EARLY CHILDHOOD EDUCATION 2020-2021

ADVENTURE CLUB SUMMER CAMP 2020

FUN CLUB 2020 - 2021

OFFICE USE ONLY

REGISTRATION FEE: _____ RECEIPT# _____

PROGRAM FEE: _____ DATE: _____

CHECK: _____ CASH () CC () TAKEN BY _____

This day care facility participated in the child and adult care food program CACFP,
A federal program that provides healthy meals and snacks to children receiving day care.

Date: _____

Parent/Legal Guardian: _____

Address: _____

Email: _____

Home: _____

Cell: _____

Work: _____

Email: _____

Information Strictly Confidential

Number in Household: _____ Single Parent Household: Yes _____ No _____

Ethnic Background: _____

() White () Black () Hispanic or Latino () 2 or more races

() American Indian or Native Asian () Native Hawaiian or Pacific Islander

Household Income

() < \$24,000 () \$50,001 - \$80,000

() \$25,000 - 50,000 () \$80,001 & above

3. PARTICIPANT INFORMATION

Child's Name: _____ Grade in Sept 2020: _____

Male/Female: _____ D/O/B: _____ School Sept 2020: _____

EARLY CHILDHOOD EDUCATION 2020-2021

Sept 2020 - June 2021 _____ Summer 8 weeks _____ Summer 4 weeks _____

5 days _____ 4 days _____ 3 days _____

HOURS: Monday (-) Tuesday (-) Wednesday (-) Thursday (-) Friday (-)

Summer ADVENTURE June 29 - August 21 2020

8 WEEKS ()

4 WEEKS ()

HOURS: 7:30 - 9 am: _____ 8 - 9 am: _____ 4 - 6:30 pm: _____

W1 W2 W3 W4 W5 W6 W7 W8

Shirt Size: Youth: Small () Med () Large ()

Adult: Small () Med () Large () X Large ()

Camp Friend Request: Name: _____

Name: _____

Fun Club Sept 8, 2020 - June 25, 2021

Hours:		Days: (Minimum 2 Days)				
3:30 - 5:30		2	3	4	5	
3:30 - 6:30		2	3	4	5	
	M T W TH F					
7:30 AM		2	3	4	5	
8:00 AM		2	3	4	5	
	M T W TH F					

2. PARTICIPANT INFORMATION

Childs Name: _____ Grade in Sept 2020: _____
 Male/Female: _____ D/O/B: _____ School Sept 2020: _____

EARLY CHILDHOOD EDUCATION 2020-2021

Sept 2020 - June 2021 _____ Summer 8 weeks _____ Summer 4 weeks _____
 5 days _____ 4 days _____ 3 days _____
HOURS: Monday (-) Tuesday (-) Wednesday (-) Thursday (-) Friday (-)

Summer ADVENTURE June 29 - August 21, 2021

8 WEEKS ()
4 WEEKS () W1 W2 W3 W4 W5 W6 W7 W8
HOURS: 7:30 - 9 am: _____ 8 - 9 am: _____ 4 - 6:30 pm: _____

Shirt Size: Youth: Small () Med () Large ()
 Adult: Small () Med () Large () X Large ()
Camp Friend Request: Name: _____
 Name: _____

Fun Club Sept 8, 2020 - June 25, 2021

Hours:		Days: (Minimum 2 Days)				
3:30 - 5:30		2	3	4	5	
3:30 - 6:30		2	3	4	5	
M	T	W	TH	F		
7:30 AM		2	3	4	5	
8:00 AM		2	3	4	5	
M	T	W	TH	F		

3. PARTICIPANT INFORMATION

Childs Name: _____ Grade in Sept 2020: _____
 Male/Female: _____ D/O/B: _____ School Sept 2020: _____

EARLY CHILDHOOD EDUCATION 2020-2021

Sept 2020 - June 2021 _____ Summer 8 weeks _____ Summer 4 weeks _____
 5 days _____ 4 days _____ 3 days _____
HOURS: Monday (-) Tuesday (-) Wednesday (-) Thursday (-) Friday (-)

Summer ADVENTURE June 29 - August 21 2020

8 WEEKS ()
4 WEEKS () W1 W2 W3 W4 W5 W6 W7 W8
HOURS: 7:30 - 9 am: _____ 8 - 9 am: _____ 4 - 6:30 pm: _____

Shirt Size: Youth: Small () Med () Large ()
 Adult: Small () Med () Large () X Large ()
Camp Friend Request: Name: _____
 Name: _____

Fun Club Sept 8, 2020 - June 25, 2021

Hours:		Days: (Minimum 2 Days)				
3:30 - 5:30		2	3	4	5	
3:30 - 6:30		2	3	4	5	
M	T	W	TH	F		
7:30 AM		2	3	4	5	
8:00 AM		2	3	4	5	
M	T	W	TH	F		



EMERGENCY INFORMATION

Child Name _____	Allergies _____	Child Name _____	Allergies _____
Child Name _____	Allergies _____	Child Name _____	Allergies _____
Physicians Name _____	Phone # _____		
Dentists Name _____	Phone # _____		
Hospital _____	Phone # _____		
Health Care Insurance Carrier: _____			

EMERGENCY CONTACT INFORMATION

Permission to Pick UP
Must Present Valid Photo I.D

Name _____	Relationship _____		
Cell # _____	Home # _____	Work # _____	[]
Name _____	Relationship _____		[]
Cell # _____	Home # _____	Work # _____	
Name _____	Relationship _____		[]
Cell # _____	Home # _____	Work # _____	
Name _____	Relationship _____		[]
Cell # _____	Home # _____	Work # _____	

AGREEMENTS

- Yes () No () I consent to the enrollment of the child(ren) listed above to this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. I give consent of my child(ren) to take part in neighborhood trips (i.e library, park, and playground) away from the facility under supervision.
- Yes () No () In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physician, surgeon or hospital necessary for the proper health and well-being of my child(ren).
- Yes () No () I have provided information on my child(ren) special needs (Allergies, Diet, Disabilities, and/or Medical information) to the provider, as may be necessary to assist the facility in properly caring for my child(ren) in case of emergency.
- Yes () No () I agree to review and update this information whenever a change occurs and at least every six months.

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Date: _____ Signature of Parent/Guardian: _____



(FOR PRESCHOOL ONLY)

PRESCHOOL INTAKE FORM

Childs Full Name _____ M _____ F _____ D/O/B _____
Childs Full Name _____ M _____ F _____ D/O/B _____

PARENT OR GUARDIAN INFORMATION

Parent Name _____ Home Phone # _____
Parent Address _____
Occupation or Place of Employment _____
Cell Phone # _____ Work Phone # _____
Parent Name _____ Home Phone # _____
Parent Address (If Different From Above) _____
Occupation or Place of Employment _____
Cell Phone # _____ Work Phone # _____

FAMILY INFORMATION

Brothers and/or Sisters (Please Indicate Ages and Whether they Live with the Child) _____
Please List any Other Person Living with the Child and their Relationship (If Any) to the Child _____

PERSONAL HISTORY

Is the Child Right or Left Handed? R _____ L _____
Has the Child had Previous Group Experience? Yes _____ No _____
If Yes, Where and When? _____
What Words does your Child use for Toileting? _____
Does your Child have any Bowel or Bladder Irregularities? Yes _____ No _____
Does your Child have Tantrums? Yes _____ No _____
Does your Child Suck their Thumb? Yes _____ No _____
Does your Child have any Fears? Yes _____ No _____
Is there any Other area which you Anticipate Difficulty for your Child Such as Sharing, Crafts or Following Directions?
Yes _____ No _____
Is there any Other Information such as Discipline, Child's Communication, Comforting Etc. That You feel would be Helpful to Us? _____
List any Special Interests you Child has. _____
Are there any Special Food or Eating Instructions? _____
Are there any Special Sleeping or Napping Instructions? _____
What do You Expect your Child to get out of his/her Preschool Experience? _____



PROGRAM PERMISSIONS

Childs Name _____ Childs Name _____
Childs Name _____ Childs Name _____

(ALL PROGRAMS) PERMISSION TO SWIM

I give my Child/Children permission to participate in swimming as a group activity at The Boys and Girls Club of Northern Westchester.

Yes _____ No _____ Parent/Guardian Initial _____

(ALL PROGRAMS) PHOTO & VIDEO RELEASE FORM

The Boys & Girls Club of Northern Westchester (BGCNW) has my permission to use my child's photograph publically to promote BGCNW. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

Yes _____ No _____ Parent/Guardian Signature _____

(CAMP / FUN CLUB) PERMISSION TO WALK/BUS TRIPS

I give my child permission to attend staff supervised, scheduled and unscheduled walking/bus trips with his/her Boys & Girls Club Group. These trips will occur as part of the Adventure Club/Fun Club Schedule

Yes _____ No _____ Parent/Guardian Initial _____

(CAMP / FUN CLUB) MENTORING PROGRAM

I, the parent or legal guardian give permission for my child to participate in the mentoring program at The Boys & Girls Club of Northern Westchester. I fully understand that the program involves fully screened and trained Boys & Girls Club Staff. Mentoring continues throughout the year, in group format. Children will be provided with individual mentoring, if needed, staff will meet with the parent/guardian

Yes _____ No _____ Parent/Guardian Initial _____

(FUN CLUB ONLY) CONFERENCE PERMISSION

I, the parent or legal guardian give permission for Barbara E. Cutri and/or the the Eduation Director, to confer with my child's teacher Leader concerning homework issues and/or behavior modification plans, or any special need my child/children have.

Yes _____ No _____ Parent/Guardian Initial _____

Date _____ Signature of Parent/Guardian _____



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

FOR ADVENTURE CAMP & FUN CLUB ONLY

MEDICATION FORM



* ONLY for Children who must have medication during CAMP or FUN CLUB DAY

* MUST be Filled out By PARENT/GUARDIAN and DOCTOR / HEALTHCARE PROVIDER

*Medications are DUE to The Boys & Girls Club by FRIDAY before
Camp or Fun Club programs begin.

*Medication needs to be in an original container with a perscription label.



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

ONLY FOR ADVENTURE CAMP & FUN CLUB



PINECREST 4:00 BUS SUMMER CAMP 2020

AFTER SCHOOL 6:00 BUS 2020-2021

Priority given to Parents who do not have means of transportation.

(LEADERSHIP AND CAMPERS ONLY)

(LIMIT 18) 1st come 1st served

Parent Name _____
Parent Name _____

Address _____

Phone _____ Email _____
Phone _____ Email _____

Childs Name _____ Grade _____
Childs Name _____ Grade _____
Childs Name _____ Grade _____

Adventure Club

4PM Only (Check Appropriate Weeks)

Dates: 7 Weeks () June 29 - August 21, 2020
4 Weeks () W1 W2 W3 W4 W5 W6 W7 W8

Fun Club

6:00 PM ONLY

Dates: September 8, 2020 - June 25, 2021 _____



CREDIT CARD AUTHORIZATION FORM

Program Name: SUMMER CAMP () FUN CLUB () ECE PRESCHOOL ()
OTHER _____

Child's Full Name: _____

Name: _____

Billing Address:
(of Credit Card) _____

Phone #: _____

Email Address: _____

Name on Credit Card: _____

Credit Card Type:

MC _____ VISA _____ Discover _____ AMEX _____

Credit Card #: _____

Expiration Date: _____

CCV (security code) _____

Total Due: _____

Date: _____

Boys & Girls Club of Northern Westchester is authorized to charge my credit card as follows:

() ONE TIME PAYMENT OF _____

() AUTOMATIC MONTHLY PAYMENTS OF _____

Authorized Signature: _____