



*Child First Name: _____
 Middle Initial: _____
 *Child Last Name: _____
 Email Address: _____
 *Date of Birth: ____/____/_____
 *Gender: (please circle one) M F
 *Address 1: _____
 Address 2: _____
 *City: _____
 *State/Province: _____
 *Zip/Postal Code: _____
 *Parents Full Name: _____
 *Daytime Phone: _____
 Evening Phone: _____
 *Grade: _____
 *School: _____
 *Will you be applying for financial aid? : (please circle one) Yes No
 *Will you receive state aid for this program? : (please circle one) Yes No
 Anything else we should know? _____

*required

<u>PROGRAM</u> <u>(Please circle only one)</u>	<u>FIRST MONTH</u> <u>PAYMENT</u> <u>(Deposit)</u>	<u>TOTAL AMOUNT</u> <u>(* 9 3/4MONTHS)</u>
Early Bird	\$160	\$1560
After-School Enrichment	\$200	\$1950
Early Bird & After-School Enrichment	\$360	\$3510

Payments are due by the 15th of the month prior to service. **START DATE:** _____

I have read over and fully understand the policies pertaining to this service. I give my child permission to use the transportation offered by the Boys & Girls Club of Salem before/after school. I understand that my child will board the van/bus for transport between his/her respective school and the Boys & Girls Club of Salem.

Parent Signature: _____ Date: _____

Amount Paid: _____ Cash Charge Check # _____