



*Child First Name: _____ **WEEKLY RESERVATION**
Middle Initial: _____

*Last Name: _____

Email Address: _____

*Date of Birth: ____/____/____

*Gender: (please circle one) M F

*Address 1: _____

Address 2: _____

*City: _____

*State/Province: _____

*Zip/Postal Code: _____

*Parents 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? _____

<u>PROGRAM</u> <u>(Please circle only one)</u>	<u>Daily Payment</u> <u>Amount</u>	<u>Days per Week</u> <u>(Circle *3 - 5 Days)</u>	<u>WEEKLY AMOUNT</u> <u>(*3 day minimum)</u>
Early Bird	\$11	M TU W TH F	\$33 \$44 \$55
After-School Enrichment	\$15	M TU W TH F	\$45 \$60 \$75
Early Bird & After-School Enrichment	\$26	M TU W TH F	\$78 \$104 \$130

Payments are due by the Thursday prior to the week of service to reserve your spot for one week only. YOU ARE REQUIRED TO PAY FOR EACH WEEK IN ADVANCE TO RESERVE YOUR CHILDS SPOT ON A BUS. *THERE IS A 3 DAY PER WEEK MINIMUM.

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 # _____