

MEMBER EMERGENCY CONTACTS

Boys & Girls Clubs of Gloucester County

Member's (Child) Name: _____

PRIMARY CONTACT	SECONDARY CONTACT
Name: _____ Relationship to Member: _____ Parent/Guardian: ____ Yes Authorized to Pickup Member: ____ Yes ____ No Address H: _____ Phone: _____ Type: <u>home</u> / <u>cell</u> Phone: _____ Type: <u>home</u> / <u>cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ____ Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: ____ Yes Authorized to Pickup Member: ____ Yes ____ No Address H: _____ Phone: _____ Type: <u>home</u> / <u>cell</u> Phone: _____ Type: <u>home</u> / <u>cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ____ Yes
Name: _____ Relationship to Member: _____ Parent/Guardian: ____ Yes Authorized to Pickup Member: ____ Yes ____ No Address H: _____ Phone: _____ Type: <u>home</u> / <u>cell</u> Phone: _____ Type: <u>home</u> / <u>cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ____ Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: ____ Yes Authorized to Pickup Member: ____ Yes ____ No Address H: _____ Phone: _____ Type: <u>home</u> / <u>cell</u> Phone: _____ Type: <u>home</u> / <u>cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ____ Yes
Name: _____ Relationship to Member: _____ Parent/Guardian: ____ Yes Authorized to Pickup Member: ____ Yes ____ No Address H: _____ Phone: _____ Type: <u>home</u> / <u>cell</u> Phone: _____ Type: <u>home</u> / <u>cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ____ Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: ____ Yes Authorized to Pickup Member: ____ Yes ____ No Address H: _____ Phone: _____ Type: <u>home</u> / <u>cell</u> Phone: _____ Type: <u>home</u> / <u>cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ____ Yes

New Jersey Department of Agriculture – Division of Food and Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

2027 ENROLLMENT FORM

REQUIREMENTS:

- a. All types of CACFP child and adult care centers, including Head Start centers, and family day care homes are required to have a completed CACFP Enrollment Form on file or a completed Enrollment Information section on an FY2027 CACFP Eligibility Application to document current enrollment hours and days of the week, including meal type(s) participation for each enrolled child or adult. Siblings or spouses must have a separate enrollment form as attendance at the center may be different.
- b. The CACFP Enrollment Form is valid for 12 months following the month a parent, participant, or legal guardian signed and dated the form. (For example, if a parent, participant, or legal guardian signed and dated the enrollment form on 7/31/2026; the form would expire on 7/31/2027). CACFP Enrollment forms must be completed annually by a parent, participant, or legal guardian when a participant eligibility application is not completed, (eligibility application includes enrollment information).
- c. The following CACFP program types DO NOT need CACFP Enrollment forms:
 - Outside-School-Hours Programs
 - At-Risk Afterschool Meal Programs
 - Emergency Shelter Programs

ENROLLMENT FORM REMINDERS:

- List one child or adult per enrollment form.
- All parts of the enrollment form are to be completed by the parent, participant, or legal guardian including normal days and hours of care, and which meal types the participant will participate in during the day or night.
- If a parent or legal guardian's work schedule varies frequently thus a child participant's attendance pattern will also change frequently, then the parent should check the box at the bottom of the chart. The parent or legal guardian is not required to complete another enrollment form but may elect to if the enrollment information changes during the year.
- For ease of collection, it is highly recommended that institutions/facilities distribute annual CACFP enrollment forms to parents/guardians at the same time as the annual Institution forms are distributed, so that it is more likely that the forms would expire on the same date.

ATTACHMENTS:

State Agency Required CACFP Enrollment Blank Form
Example of completed CACFP Enrollment Form



New Jersey Department of Agriculture – Division of Food and Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

2027 ENROLLMENT FORM

Required Form for use by Child Care Centers, Adult Day Care Centers, and Head Start Programs

CACFP programs exempt from having an enrollment form on file are Emergency Shelters, Outside-School-Hours, At-Risk Afterschool Programs

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the childcare or Head Start center. List the child's or adult's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If the schedule listed will frequently vary due to changes in parent/guardian schedule, check the box below the chart. If the child comes before and after school, list the hours in care for both the morning and afternoon. CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the adult participant or the child's parent or legal guardian.

FACILITY NAME: Boys & Girls Clubs of Gloucester County, Inc – Paulsboro Center

PARTICIPANT NAME

(please print)

AGE

BIRTHDATE

month / day / year

CHECK THE NORMAL DAYS AND HOURS THE CHILD OR ADULT PARTICIPANT IS ENROLLED IN CARE

Check (✓) Days Child Normally in Care	List Hours Adult / Child Normally in				Check (✓) Meals Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	2:30 PM	6:00 PM						✓	✓	
Tuesday	2:30 PM	6:00 PM						✓	✓	
Wednesday	2:30 PM	6:00 PM						✓	✓	
Thursday	2:30 PM	6:00 PM						✓	✓	
Friday	2:30 PM	6:00 PM						✓	✓	
Saturday										
Sunday										

☐ Yes, the schedule listed above may frequently vary due to changes in parents' or legal guardians' work schedules.

SIGNATURE OF

PARENT/PARTICIPANT/GUARDIAN

DATE

DAY PHONE

NUMBER

MAILING ADDRESS:

STREET/APT.

CITY

ZIP CODE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 202-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider



BOYS & GIRLS CLUBS
Of Gloucester County, Inc.

2026-2027 AFTER-SCHOOL CARE TRANSPORTATION AUTHORIZATION

Student Name _____ Grade: _____
School Name: _____ Emergency Phone: _____

☐ I permit Holcomb Bus Service to transport my child at dismissal to the Boys & Girls Clubs of Gloucester County's Paulsboro Center, located at 916 Penn Line Road, Paulsboro, NJ

☐ I do not require transportation at dismissal to Boys & Girls Clubs of Gloucester County.



I agree to release Boys and Girls Clubs of Gloucester County, its employees, and/or assigns from any, and all liability with reference to the above-stated transportation.

PARENT/GUARDIAN SIGNATURE: _____

EFFECTIVE DATE: _____

****Please email completed form to Paulsboro Center Director, Samir Jones, sjones@gcbgc.org for processing.*

OFFICE USE ONLY

School Office Notified: _____ Date: _____ BGC Staff Initials _____