



201 Dale Scott Ave.– Alamogordo, NM 88310  
Phone: (575) 437-3788 Fax: (575) 437-3336

## BREAKFAST CLUB APPLICATION 2019-2020

### Child Information:

**Child #1: NAME:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_ Male \_\_ Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Days Attending: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**Child #2: NAME:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_ Male \_\_ Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Days Attending: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

### Parent/Guardian Information:

In the event of an emergency the parent(s)/guardian(s) will be contacted in the order in which they appear on this form.

Parent/Guardian 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Breakfast Club Program Rates

- Breakfast club fee is **\$35.00 per month per child.**
- Transportation fee is **\$155.00 per month per child (includes breakfast club and after school fee)**
- Yucca School fee is **\$115.00 per month per child (includes breakfast club and afterschool fee)**
- Fees are non-refundable or transferable.

**General Membership Information:**

- All Breakfast Club customers must be a current Boys & Girls Club Members.

**Breakfast Club Program Rules:**

- First month must be paid up front. **Slots will not be saved without payment.**
- **Charges will be applied on the 1st of each month. Payments are due by the 5th of each month.** ( There is a \$10.00 late charge applied to all accounts where payment is received after the 5th of the month.) If payment is not received by the 10th of the month, (or the Monday after, if the 10th falls on a weekend) your child will be unable to attend until your account is paid in full. If you fail to make two consecutive payments, we reserve the right to remove your child from the Breakfast Club Program.
- Breakfast Club applications are accepted on a first-come, first-serve basis.
- If your child will not be attending you **must** call the Club at **(575) 437-3788**.

I understand the above Breakfast Club Program information and agree to adhere to them.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

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**Office Use Only:**

Intake done by: \_\_\_\_\_ Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

School to be picked up from: \_\_\_\_\_

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card \_\_\_\_\_