



BOYS & GIRLS CLUBS
OF NORTHEASTERN PENNSYLVANIA

2015/2016 After School Shuttle Program

Please Print!!

Child's Name:

Parent/Guardian Name:

Phone #:

School:

Grade:



BOYS & GIRLS CLUBS
OF NORTHEASTERN PENNSYLVANIA

Child Care Authorization

The undersigned _____, parent or legal guardian of below mentioned dependant, hereby grant The Boys & Girls Clubs of Northeastern Pennsylvania / Propst Transportation and the driver of record the authority to take temporary care of the following dependant during transportation.

This grant in temporary authority shall begin on the ____ day of _____. It shall remain in effect until terminated by written request by the undersigned. The above named caretakers shall have the following powers:

- The power to transport to and/or from specified points
- The power to seek appropriate medical treatment or attention on behalf of above named child as may be required by the circumstances. These include, but are not limited to, medical doctor, hospital visits, and/or topical first aid
- The power to authorize medical treatment or medical procedures in an emergency situation

Date: _____

Signed by parent or legal guardian: _____

Boys & Girls Clubs
of Northeastern Pennsylvania

Parent/Legal Guardian



Boys & Girls Clubs of Northeastern Pennsylvania
Financial Aid Guidelines
2015/2016 Shuttle Program

Household Family Size	2014/15 Annual Income	2014/15 Monthly Income
2	\$0 – \$29,471	\$0 – \$2,456
3	\$0 – \$37,167	\$0 – \$3,098
4	\$0 – \$44,863	\$0 – \$3,739
5	\$0 – \$52,559	\$0 – \$4,380
6	\$0 – \$60,255	\$0 – \$5,022
7	\$0 – \$67,951	\$0 – \$5,663
8	\$0 – \$75,647	\$0 – \$6,304
For each additional member add	\$7,696	\$642

These guidelines are based on the standards set by the federal government for use in the school lunch program.

** I verify that my child is eligible for the reduced lunch program.

Parent/Guardian

Date

FOR OFFICE USE ONLY

Approval Letter: Received Not Received Application Taken By: _____