



BOYS & GIRLS CLUBS
OF CENTRAL NEW HAMPSHIRE



Serving Concord, Suncook, Weare, Warner, Hopkinton, Franklin, Sutton, Lakes Region, Andover, Holderness, and Tilton

Main office located at 55 Bradley Street, Concord, NH, 03301

Phone (603) 224-1061 **Fax** (603) 224-5943 **Website** www.centralnhclubs.org

2019-2020 SCHOOL YEAR

*****This is not a school event*****

Mailed, faxed or e-mailed applications will not be processed.

James Faulkner Elementary School— located at 200 School Street, Stoddard

Choose your program

☐ **Before care**
(grades K-5)

☐ **After care**
(grades K-5)

Member _____ Date of Birth ____/____/____ Age ____ Gender: Male Female
(Member's Last Name) (Member's First Name)
Home Phone _____ Mailing Address _____ City, State Zip _____
School _____ Grade in fall 2018 _____

CONTACT INFORMATION: No verbal requests to change contact list will be accepted. All changes must be in writing and can either be e-mailed or faxed to the club.

If NOT Authorized to Pickup is checked, please provide documentation regarding this request.

Parent/Guardian #1 _____ Cell #: _____ Work # _____

Relationship to Member _____ Employer _____ Email: _____

☐ Primary Contact ☐ Emergency Contact ☐ Authorized to Pickup ☐ **NOT Authorized to Pickup**

Parent/Guardian #2 _____ Cell #: _____ Work # _____

Relationship to Member _____ Employer _____ Email: _____

☐ Primary Contact ☐ Emergency Contact ☐ Authorized to Pickup ☐ **NOT Authorized to Pickup**

Contact #3 _____ Relationship _____ Primary Phone _____

☐ Primary Contact ☐ Emergency Contact ☐ Authorized to Pickup ☐ **NOT Authorized to Pickup**

Contact #4 _____ Relationship _____ Primary Phone _____

☐ Primary Contact ☐ Emergency Contact ☐ Authorized to Pickup ☐ **NOT Authorized to Pickup**

Contact #5 _____ Relationship _____ Primary Phone _____

☐ Primary Contact ☐ Emergency Contact ☐ Authorized to Pickup ☐ **NOT Authorized to Pickup**

MEDICAL INFORMATION: If any **prescribed** or **over the counter medication** will need to be taken while the member is at the club, a medication authorization form **must** be completed.

Name/Phone of Member's Doctor: _____

Does member wear a medic-alert tag? No Yes If yes, please describe _____

Allergies (drugs, foods, insect stings, etc.) No Yes If yes, please describe _____

Recent Injuries, Illnesses, Operations, etc. No Yes If yes, please describe _____

Physical Disabilities or Chronic Conditions No Yes If yes, please describe _____

Psychological, Emotional or Behavioral Disorders No Yes If yes, please describe _____

Is there anything else we should know about member's physical or emotional condition? No Yes If yes, please describe _____

Does the Member take medication? No Yes

Will your member need to take medication while at the Club? No Yes

If yes, please list all medications & dosages. _____

Staff Use Only:

Member ID # _____

Date Invoiced: _____

Staff Initials: _____

*******WAIVERS AND RELEASE OF LIABILITY AND AUTHORIZATION FOR MINORS*******

In consideration of being allowed to participate in anyway in the Boys & Girls Clubs of Central NH and related events and activities, the undersigned agrees:

- As the parent or legal guardian of the participant I will instruct the minor participant that prior to participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Boys & Girls Clubs of Central NH, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Boys & Girls Clubs of Central NH recreational program or related events and activities.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Boys & Girls Clubs of Central NH will be notified in advance of any changes in the member's health status that may affect the member's needs during club activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND REALEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

Photo Authorization: I, Parent or Legal Guardian, give/grant the Boys & Girls Clubs of Central NH permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the Boys & Girls Clubs of Central NH. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

Parent/Guardian Signature _____ Date _____

Club/School Communication: I give permission for the Boys and Girls Clubs of Central NH to openly communicate with school officials and teachers regarding my child's academic and behavioral development; and I authorize the school officials and teachers to release information about my child to the representative(s) of the Boys and Girls Clubs of Central NH in order to provide my child with the best possible service.

Parent/Guardian Signature _____ Date _____

Transportation Authorization: The Boys & Girls Clubs of Central NH may also transport my child on field trips. I understand that the child care program is responsible for my child only from the time he/she arrives at the program services site until he or she leaves the program.

Parent/Guardian Signature _____ Date _____

First Aid: I, Parent or Legal Guardian give the Boys and Girls Clubs of Central NH permission for my child to receive basic first aid treatment

Parent/Guardian Signature _____ Date _____

Emergency Medical Transportation: I give permission for the Boys and Girls Club of Central NH to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature _____ Date _____

ATTENTION: The State of NH Child Care Licensed Plus facility includes Bradley Street.

The State of NH Child Care Licensed facilities include, Eastman, Christa McAuliffe, Franklin, Hopkinton, Laconia, Weare, Suncook and Warner sites.

The State of NH Child Care Licensed-Exempt sites include Broken Ground-Mill Brook, Sutton, Andover, Epsom, Tilton, and Holderness

The licensing authority for this program is the bureau of licensing and certification child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statement of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility=Y> or by calling the unit at (603) 271-9025 or 1-800-852-3345 ext. 9025. "During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced with working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator."; and "if licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options: a. I give permission to the child care licensing staff to interview my child at the childcare program separate from his or her class or group; b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group; c. I do not give my permission for child care licensing staff to interview my child at the childcare program separate from his or her class or group."

You have two options for financial assistance:

1). You may apply for financial assistance through the **State of New Hampshire Child Care Assistance Program**

Are you currently eligible and “linked” to the Club through the State? Yes No

If **yes**, please complete and review the Club’s green State Assistance Contract with a Club staff member.

If **no**, please meet with a Club staff member to complete the State Form 2530 **AND** the Club’s green State Assistance Contract.

-OR-

2). You may request financial assistance through the **Boys & Girls Clubs of Central NH** (see chart below for income eligibility)

To be considered for a club scholarship, you must provide proof of income for each adult in the household, including the child.

Please bring a copy of the most recent tax return, three (3) current paystubs, disability, food stamp, child support, unemployment benefits letter or other documents showing income.

Scholarship funds are limited and are awarded on a first come, first served basis.

Number of persons in home	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income
2	\$16,910 and less	\$16,911 to \$21,331	\$21,332 to \$25,752	\$25,753 to \$30,173	\$30,174 to \$34,594	\$34,595 to \$39,015	\$39,016 to \$43,436	\$43,437 and over
3	\$21,330 and less	\$21,331 to \$25,751	\$25,752 to \$30,172	\$30,173 to \$34,593	\$34,594 to \$39,014	\$39,015 to \$43,439	\$43,440 to \$47,856	\$47,857 and over
4	\$25,750 and less	\$25,751 to \$30,171	\$30,172 to \$34,592	\$34,593 to \$39,013	\$39,014 to \$43,434	\$43,435 to \$47,859	\$47,860 to \$52,276	\$52,277 and over
5	\$30,170 and less	\$30,171 to \$34,591	\$34,592 to \$39,012	\$39,013 to \$43,433	\$43,434 to \$47,854	\$47,855 to \$52,279	\$52,280 to \$56,696	\$56,697 and over
6	\$34,590 and less	\$34,591 to \$39,011	\$39,012 to \$43,432	\$43,433 to \$47,853	\$47,854 to \$52,274	\$52,275 to \$56,695	\$56,696 to \$61,118	\$61,119 and over
7	\$39,010 and less	\$39,011 to \$43,431	\$43,432 to \$47,852	\$47,853 to \$52,273	\$52,274 to \$56,694	\$56,695 to \$61,115	\$61,116 to \$65,536	\$65,537 and over
8+	\$43,430 and less	\$43,431 to \$47,851	\$47,852 to \$52,272	\$52,273 to \$56,693	\$56,694 to \$61,114	\$61,115 to \$65,335	\$65,336 to \$69,756	\$69,757 and over
Junior Program Weekly Fee	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Junior Program Scholarship	-\$45.00	-\$40.00	-\$30.00	-\$25.00	-\$20.00	-\$15.00	-\$10.00	\$0.00
Your weekly fee	\$5.00	\$10.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$50.00

FAMILY INFORMATION

Ethnicity:

- ☐ Caucasian
☐ African American
☐ Hispanic
☐ Asian
☐ American Indian
☐ Alaska Native
☐ Native Hawaiian

Child Lives With:

- ☐ 2 Birth Parents
☐ 1 Birth Parent
☐ 1 Birth and 1 Step
☐ 1 Birth & 2nd Adult
☐ Adoptive Parent(s)
☐ Foster Family
☐ Other

Does Family Utilize:

- ☐ Free School Lunch
☐ Reduced School Lunch
☐ Gov. Housing
☐ TANF/WIC
☐ Food Stamps
☐ General Assistance

Number of Children in Household

Total Number in Household

Household Income (check one)

- ☐ Under \$14,999 ☐ \$15,000-19,999
☐ \$20,000-24,999 ☐ \$25,000-29,999
☐ \$30,000-34,999 ☐ \$35,000-39,999
☐ \$40,000-44,999 ☐ \$45,000-49,999
☐ \$50,000-54,999 ☐ \$55,000-59,999
☐ \$60,000-64,999 ☐ \$65,000-69,999
☐ \$70,000-74,999 ☐ Over \$75,000

PROGRAM GUIDELINES: Must be completed with a staff member when dropping off application

Mailed, faxed, or e-mailed applications will not be processed.

PARENT/
GUARDIAN
INITIAL

General Information

A \$10.00 non-refundable registration fee is due with this application.

Physical and Immunization records must be dated **6/16/2018** or more recent and must be on file at the Club. If this information is not attached to the application, it may be faxed by you or your child's doctor to Michelle Magee, Membership Coordinator at (603) 224-5943, or scanned and e-mailed to magee@centralnhclubs.org.

If the member needs to take **prescription medication** while at the club, we require signed documentation by the child's physician specifying the medication name, dosage, and any special instructions. The medication must be in the original container.

Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's instructions.

If a **parenting plan or any court documents** are in place prohibiting a parent/guardian or any other contact listed on the application a copy of any court documents must be provided to the Club. If there are no documents in place, a letter written by the primary parent/guardian must be provided stating your reason why this person(s) are prohibited from picking up the member. **If, at any time there are changes, the Club must be notified.**

The only form of payment that will be accepted is a valid credit/debit card. A Credit Card Payment Authorization Form must be completed at the time of registration. Charges will be done automatically following the first day of each week that your child attends. **Weekly fees are not prorated.**

Your child may not attend if your account becomes delinquent. Also, you will not be able to register for future programs until the balance is paid.

Any and all items brought to the club from home must be labeled with the child's name **as the club is not responsible for lost or stolen items.**

During **vacation weeks** (December, February, and April) we ask a parent/guardian to escort child inside the club each and every morning.

On field trip days, please have your child at the club by 8:30a.m. If the child is late for any reason, the club may choose for the child to be sent home. **No child will be dropped off at the field trip site unless arrangements have been made in advance with the unit director.**

Parents are responsible for sending the child with both a lunch and snacks (nut free), water, and appropriate footwear for the day's activities.

Camps are open until 6pm. Late pick-up charge is \$5.00 for the first 10 minutes and \$1.00 for each minute thereafter and **must be paid at time of pick-up.**

As the person responsible for this child, I acknowledge that I have reviewed, understand and agree to adhere to all of the policies outlined above. I understand that failure to adhere to these policies may result in my child losing their Boys & Girls Clubs membership.

Parent/Guardian Name (Printed) _____ Parent/Guardian Signature _____ Date _____

Staff Name (Printed) _____ Staff Signature _____ Date _____

PAYMENT INFORMATION

Registration fee (non-refundable) \$10.00	\$10.00	STATE PAYERS	Weekly Fee	Vacation Fee	STATE CHILD CARE ASSISTANCE CONTRACT <input type="checkbox"/> <u>state contract reviewed and signed by parent/guardian and staff member</u>	Payment Received (staff use only) Registration Fee: \$ _____ Weekly Fee: \$ _____ Total Received: \$ _____
Before School care (grades K-5) weekly fee \$35.00 (state or club scholarship assistance, not applicable)		Step 1	\$5.00	\$15.00		
AfterSchool Program (grades K-5) weekly fee \$50.00		Step 2	\$10.00	\$20.00		
		Step 3	\$15.00	\$25.00		
Less Scholarship as determined by Staff		Step 4	\$20.00	\$30.00		
Additional member in household discount (applies to \$25/week or more)		Step 5	\$25.00	\$35.00		
Adjusted weekly fee		Step 6+	\$30.00	\$40.00	CAREGIVER HANDBOOK <input type="checkbox"/> <u>caregiver handbook reviewed and given to parent/guardian</u>	
Vacation Fee (weekly fee plus an additional \$40.00)						