



BOYS & GIRLS CLUB
OF MANCHESTER

555 Union Street, Manchester NH 03104
(603) 625-5982

Membership Application

July 1, 2022 – June 30, 2023

\$25 first child / \$20 second child / \$15 third child

Membership fees are non-refundable

FOR OFFICE USE

Date Received: _____

Amount Paid: _____

Staff: _____

Receipt #: _____

Military Parent in Household

MEMBER INFORMATION:		
First Name:	Middle Name:	Last Name:
Nickname:	Birth Date:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other : _____	Member Status: <input type="checkbox"/> New Member <input type="checkbox"/> Former Member	
Ethnicity (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> European <input type="checkbox"/> Other: _____		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Home Address:		
City:	State:	Zip:
School in Fall 2022:		Grade in Fall 2022:
FAMILY/GUARDIAN INFO:		
Legal Guardian First Name:	Legal Guardian Last Name:	
Relation to Child:	Primary Cell Phone:	
Primary Email Address:	Secondary Phone:	
Legal Guardian Employer:	Work Number:	

Secondary Legal Guardian First Name:	Secondary Legal Guardian Last Name:
Secondary Legal Guardian Relation to Child:	Secondary Legal Guardian Cell Phone:
Secondary Legal Guardian Employer:	Secondary Legal Guardian Work Phone & EMAIL:
Members Lives With: <input type="checkbox"/> Both <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	
Medical Disability ** explain medical, physical, emotional or behavior issues <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> ADHD <input type="checkbox"/> Other _____ <input type="checkbox"/> Autism <input type="checkbox"/> Seizures <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Learning Disability	

Emergency Contact Person(s): You are required to list at least one other person who lives nearby and could assume responsibility for your child if you could not be reached immediately in an emergency.

Name	Relation to Child	Cell Phone:
_____	_____	_____
_____	_____	_____

The following people are allowed to pick up my child:

Name	Relation to Child	Cell Phone:
_____	_____	_____
_____	_____	_____

The following people are **NOT** legally allowed to pick up my child: Submit any supporting legal documentation stating person cannot pick up.

Name	Relation to Child	Cell Phone:
_____	_____	_____
_____	_____	_____

I agree to follow the rules and policies explained in the Member Behavioral Expectations of the Boys & Girls Club of Manchester. I realize that membership to the BGCM is a privilege, and if I can't follow the rules and policies, the Club membership could be in jeopardy, leading to possible removal. I understand that under the behavior management protocol, the BGCM reserves the right to suspend a member from the program and bussing effective the next day, so it is my responsibility to make alternative care arrangements in advance. I know the Boys & Girls Club of Manchester has an Open-Door Policy for their Union St. Clubhouse for members in grades 6-12.

I understand that:

- The Boys & Girls Club of Manchester Union Street Clubhouse is not subject to licensure under RSA 170-E:4. All grievances by parents or guardians concerning the Club Program go through the office manager, who will inform the appropriate Club contact.
- Photographs in which my child appears have the chance to be used in Club marketing materials, promotions, recognition, displays, and other Club-related publicity. In addition, the Club can upload all photographs and videos in which my child may appear on official BGCM social media sites.
- My child will have the opportunity to complete Club surveys used to measure the effectiveness of the Club program.
- I realize my child/children may participate in activities and programs that are physical and, as a result, may be at risk for injury. In consideration for being allowed to participate in any activities, I agree to assume such risk and further agree to hold harmless the Boys & Girls Club of Manchester, its staff, and volunteers from any claims, suits, losses, or related causes of actions for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the program.
- The Club Tax ID is on my receipt, and end-of-year statements are not provided.
- For members' security and safety, individuals in our facilities and riding in our vehicles may be under video surveillance.
- Grade K-5 members are not allowed to use their internet-capable devices while at the Club, and grade 6-12 members are permitted under staff supervision. All members using a Club internet-capable device will only be allowed under staff supervision and is subject to site filtering.
- If I need to withdraw my child from a program, a two-week written notice is required.
- The membership fee is non-refundable.

All weekly fees are due on Friday. If payments are late, a \$5.00 late fee will be enforced. If you are late three times or more, you will be required to enroll in autopay through a valid checking account. If autopay is declined twice, your only option to remain in the program is to pre-pay the fees for the remainder of the year. If you miss your payment two weeks in a row, we will remove your child from our program.

Parent/Guardian Signature: _____ Date: _____

Please direct any questions regarding your account to
Kim Kuehl, Office Manager, at 625-5982 x 225 or Kkuehl@mbgcnh.org.

Financial Aid

Attach one month's income verification for all adults who have financial responsibility for the child. All sections of this application must be complete when applying for financial aid. If any areas are left blank, we will return the application, potentially leading to our waitlist. We have the right to request any additional documentation or deny any request if the membership application and financial documentation are inaccurate.

Total Number Living in Household: _____

Please Circle your total household income below:

Family Income	\$0-\$21,000	\$21,001-35,000	\$35,001-55,950	\$55,951+
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Boys & Girls Club of Manchester
2022-23 School Year Registration

First and last week program fees must be pre-paid at time of registration

Member Name: _____

Grades K-2

- After School Program Only \$65 per week
- Before School Program Only \$30 per week
- Afterschool & Before School \$90 per week

Grades 3-5

- After School Program Only \$50 per week
- Before School Program Only \$30 per week
- After School & Before School \$75 per week

Grades 6-8

- Transportation After School \$20 per week
- Before School Program Only \$20 per week
- Before and After School Transportation \$35 per week

Highland Goffes Falls

- After School Program Only \$60 per week
- Before School Program Only \$30 per week
- After School & Before School \$85 per week
- Part Time – 10 Days \$175

Jewett St School

- After School Only \$60 per week
- Before School Program Only \$30 per week
- After School & Before School \$85 per week
- Part Time – 10 Days \$175

Amount Paid: \$ _____ Start Date: _____

Snow Days - No fee for program members / \$25 all others (7AM to 5PM)

February/April Vacation
\$100 per week / \$125 within a week of start date

- Weekly payments are due by 6PM on Fridays every week regardless of the number of days your child attends or the number of days of school that week. A \$5 late fee will be added to all accounts paid late. Consistent late payments can be reason for suspension from the program.
- Should the Club or site be closed at the end of a week, then payments will need to be made no later than the first day the Club or site is open for the following week
- Payments may be placed in the drop box at the program site. If paying by check, please put the members name in the memo area of the check for clear identification. No receipt is given for payment by check. If you pay by cash, please enclose it in an envelope with the members name on it and request a receipt from a member of the site staff.
- All cancellations must be submitted in writing to the Administrative Office. You will be billed for services until written notification is received.
- In the event of a mistake in logging your payment you must provide the cancelled check or cash receipt to verify payment.
- If you choose to pay by the month, please be aware that some months may have 5 payments due during that month. It is your responsibility to make the appropriate payment for the month. Should you not make the correct payment you will receive a late payment notice for the fifth week if you forget and you will be obligated to pay the associated late fee.
- All payments are entered, and late payment notices are prepared at the Administrative Office. All questions regarding the status of your son/daughter's account should be directed to Kim Kuehl. She can be reached at 625-5982 x 225. Please call Kim if you need a receipt for childcare reimbursement funds/programs.

Parent/Guardian Signature: _____

Date: _____

Weekly Checking Account Authorization

Child's Name: _____

Weekly Fee: _____ First Date of Charge: _____

(Carefully check account numbers for accuracy)

Routing Number: _____

Account Number: _____

Account Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I authorize the Boys & Girls Club of Manchester to withdraw my weekly payment from the account listed above.

Signature: _____ Date: _____

2022-23 Payment Due Dates

Two weeks due at time of registration

9/9/22	1/27/23
9/16/22	
9/23/22	2/3/23
9/30/22	2/10/23
	2/17/23
10/7/22	2/24/23
10/14/22	
10/21/22	3/10/23
10/28/22	3/17/23
	3/24/23
11/3/22	3/31/23
11/10/22	
11/18/22	4/7/23
11/22/22	4/14/23
	4/21/23
12/2/22	
12/9/22	5/5/23
12/16/22	5/12/23
12/22/22	5/19/23
	5/26/23
1/6/23	
1/13/23	6/2/23
1/20/23	6/9/23

Our program has benefited from funding provided by the City of Manchester Community Improvement Program, through the U.S. Housing and Urban Development Community Development Block Grant Program. The Program requests income verification and other statistics from applicants. This information will not be shared and will remain confidential.

Member Name(s) _____
 Male Female Non-Binary Transgender Other: _____

HUD FY 2022 INCOME GUIDELINES:	2023 MEDIAN FAMILY INCOME MUST CIRCLE ONE BELOW		
FAMILY SIZE			
1 PERSON	0-21,000	21,001-35,000	35,001-55,950
2 PERSON	0-24,000	24,001-40,000	40,001-63,950
3 PERSON	0-27,000	27,001-45,000	45,001-71,950
4 PERSON	0-29,950	29,951-49,950	49,951-79,900
5 PERSON	0-32,470	32,471-53,950	53,951-86,300
6 PERSON	0-37,190	37,192-57,950	57,951-92,700
7 PERSON	0-41,910	41,911-61,950	61,951-99,100
8+ PERSON	0-46,630	46,631-65,950	65,951-105,500

For Member Only (please check only one)	
RACE	ETHNICITY
<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> American Indian/Alaskan Native & White	
<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Other Multi Racial	

_____ Total Number Living in Household

- Female Head of Household
- Member Disabled

Does the member have any special/medical needs? _____

Home Address: _____

I declare that all information provided above regarding household income is true and correct. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud.

Parent/Guardian Signature: _____ Date: _____



**This consent will be shared with the Manchester School District.

MANCHESTER SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT NO. 37
20 Hecker Street
Manchester, NH 03102
Telephone: 603.624.6300 • Fax: 603.624.6337

Jenn Gillis
Superintendent of Schools

Diane Fitzpatrick
CEO-Boys & Girls Club of Manchester

CONSENT FOR RELEASE OF STUDENT RECORDS

The undersigned parent/guardian or eligible student (as appropriate) hereby authorizes the release of the education records of _____ (Name of Student) by the Manchester School District to the Boys & Girls Club of Manchester.

The specific records to be released are as follows:

- *Student Attendance Records
*Disciplinary Records
*Quarterly Academic Report Card and related grades and course assignments
*Other academic records available to the Boys & Girls Club on the MSD Aspen academic portal.

Records designated should be released and disclosed only to the Boys & Girls Club of Manchester for the purpose of your child's participation in the Boys & Girls Club of Manchester's Academic Case Management Program.

I understand that this consent is voluntary and will remain in effect while my son/daughter remains a member of the Club; that I am entitled to review the above education records; that I may revoke this consent at any time by notifying the Manchester School District in writing; and that any such revocation will take effect upon receipt except to the extent that records have already been disclosed in reliance upon this consent.

Child's Name

Grade

Date

Print Name of Parent/Guardian

Signature of Parent/Guardian

NOTE TO PARENTS:

The licensing authority for this child care agency is the Bureau of Child Licensing. Information regarding recent licensing and monitoring visits for this child care agency is available by calling the Bureau at 271-9025 or 1-800-852-3345 x 2624. The agency is required to make the two most recent statements of findings and corrective action plans available for review by parents of currently enrolled children and parents who are considering enrolling their children.

During licensing, monitoring, and complaint investigation visits to the child care agencies the department interviews children regarding the care they receive at the child care agency if the licensing specialist thinks the child’s response would be valuable in determining the quality and level of care provided. If you do not want your child interviewed or if you wish to be informed prior to your child being interviewed, you must provide a signed dated statement to the agency director indicating your preference. This statement must be updated annually.

The well-being of children is our concern. We recognize that interviewing young children is a delicate responsibility. Therefore, we will make every attempt to help any child we interview feel comfortable by being gentle, reassuring, sensitive and casual. We will spend time playing with the child and will take into account the child’s level of maturity and willingness to talk to us.

We believe it is important to interview children when monitoring child care agencies because children often provide us with valuable information about the care they receive and important child care activities that we are unlikely to observe. We ask questions about meals, snacks, activities, teachers, fire drills, rest, child care rules and what happens if children don’t follow those rules. The following are a few of the considerations we will follow when we interview children.

1. We will have the teachers introduce us to the children and explain why we are there.
2. Children will be randomly selected for the interview and will be asked if they would like to talk with us. It has been our experience that children enjoy the interview. However, children may refuse and will not be pressured.

Medical Emergency Statement

Any chronic conditions, allergies or medications which could be important in case of sudden illness or injury:

Child’s Usual Physician: _____ Phone #: _____

Physician’s Address: _____

I give permission for the Boys & Girls Club of Manchester to give my child _____ Simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administe3r such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

Parent/Guardian Signature

Date

Updated

Initials

Updated

Initials

2022-23 Holiday & Family Assistance Program

Child's Name: _____

Parent/Guardian Name: _____

Primary Phone and Email: _____

Each year with help from community sponsors we are able to offer assistance for both Thanksgiving and Christmas.

As part of the Thanksgiving program a family would receive everything they need to cook a Thanksgiving Dinner. Typically, baskets include: Turkey, veggies, potatoes, rolls, and some form of dessert. Each basket differs based on our community partners and what they choose to include.

As part of the Christmas program a family is asked to fill out a wish list which is then handed to our community sponsors. These sponsors use the list as a guide to purchase presents that they wrap and return to the Club a few days prior to Christmas.

If you receive Holiday assistance from another community organization, you will not qualify for our program. If you believe you will need assistance, please indicate which program(s) you will be needing ****This does not guarantee you a spot in the program.** Space is limited to the number of sponsors available. You will be contacted in early November if we are able to assist your family.

_____ Thanksgiving Holiday Assistance

_____ Christmas Holiday Assistance

******In addition, the Club may be able to provide our members with assistance in additional areas such as warm coat drive, clothing and footwear, vision and dental assistance & more. Please contact Individual Services Director, Mary Kate Russo regarding these services.

We have a food pantry open on Friday evenings for members to take home food for the weekend. Also, please remember that dinner is provided to our members each night at 5pm and a member's family is always welcome to join them for dinner.

If you have an additional question, please contact our Individual Services Director Mary Kate Russo at 603-625-5982 x 223 or by email mkrusso@mbgenh.org

For Office Use Only:

Financial Aid Rate: _____

Boys & Girls Club of Manchester 2022-2023 Hours of Operation



DATE	DESCRIPTION	
TUESDAY, SEPT. 6, 2022	UNION ST. CLUBHOUSE BEFORE & AFTER SCHOOL PROGRAMS BEGIN	6:15 AM-8:20 AM & 2 PM-7 PM 2 PM-8 PM TWEENS & TEENS ONLY
TUESDAY, SEPT.13, 2022	CITY PRIMARY VOTING DAY--NO SCHOOL	CLOSED-STAFF TRAINING
MONDAY, OCTOBER 10, 2022	COLUMBUS DAY--NO SCHOOL	CLOSED
WEDNESDAY, OCTOBER 19, 2022	TEACHER WORKSHOP DAY	CLOSED-STAFF TRAINING
TUESDAY, NOV. 8, 2022	CITY ELECTION VOTING DAY--NO SCHOOL	CLOSED-STAFF TRAINING
FRIDAY, NOV. 11, 2022	VETERAN'S DAY--NO SCHOOL	CLOSED
WEDNESDAY, NOV. 23, 2022	THANKSGIVING RECESS-NO SCHOOL	CLOSED
THURSDAY, NOV. 24, 2022	THANKSGIVING RECESS-NO SCHOOL	CLOSED
FRIDAY, NOV. 25, 2022	THANKSGIVING RECESS-NO SCHOOL	CLOSED
DEC. 26 TO Jan. 2, 2023	CHRISTMAS RECESS	CLOSED
TUESDAY, JAN. 3, 2023	PROGRAM RE-OPENS	6:15 AM-8:20 AM & 2 PM-7 PM 2 PM-8 PM TWEENS & TEENS ONLY
MONDAY, JAN. 16, 2023	MARTIN LUTHER KING, JR. DAY--NO SCHOOL	CLOSED
MONDAY, FEB. 20, 2023	PRESIDENTS DAY--NO SCHOOL	CLOSED
FEB. 27 TO Mar. 3, 2023	WINTER SCHOOL VACATION CAMP(EXTRA FEE REQUIRED)	UNION ST. CLUBHOUSE OPEN 7 AM - 5 PM
MONDAY, MAR. 20, 2023	TEACHER WORKSHOP DAY	CLOSED-STAFF TRAINING
APR. 24 TO APR. 28	SPRING SCHOOL VACATION CAMP(EXTRA FEE REQUIRED)	UNION ST. CLUBHOUSE OPEN 7 AM - 5 PM
MONDAY, MAY 29, 2023	MEMORIAL DAY	CLOSED
THURSDAY, JUNE 15, 2023	UNION ST. CLUBHOUSE SCHOOL PROGRAM ENDS	
MONDAY, JUNE 19, 2023	CAMP FOSTER SUMMER DAY CAMP BEGINS	

***GRADES K-5 MEMBERS MUST BE PICKED UP BY 7 PM.

***UNION ST. CLUBHOUSE OPEN ON MOST SNOW DAYS, 7 AM-5 PM, NO FEE FOR CLUB PROGRAM MEMBERS, ALL OTHERS \$25 FEE.

***LATE PICK-UP FEE OF \$1/MINUTE IS CHARGED FOR PICK-UPS AFTER 7 PM. A MAXIMUM OF \$30 CHARGED.

***SINGLE DAY DROP-OFF SERVICE AVAILABLE FOR BEFORE SCHOOL PROGRAM, \$10 FEE.

***JEWETT STREET & HGF SCHOOL MEMBERS MAY REGISTER FOR VACATION CAMPS FOR WINTER AND SPRING AT UNION ST. CLUBHOUSE.

***THE UNION ST. CLUBHOUSE IS OPEN DURING FEB./APRIL SCHOOL VACATION WEEKS WITH **NEW HOURS** OF 7 AM - 5PM.