



**BOYS & GIRLS CLUB OF MANCHESTER**  
**2024 CAMP FOSTER DAY CAMP**  
**Entering Grades k-8**

Camper's Name: \_\_\_\_\_

Check only the weeks you are currently paying for in the proper column – whether you are paying the deposit only or the week in full. No weeks are reserved without payment.

|     |            | Paid<br>In Full          | Deposit<br>Only          | Balance<br>Due |
|-----|------------|--------------------------|--------------------------|----------------|
| #1  | June 17-21 | <input type="checkbox"/> | <input type="checkbox"/> | June 3         |
| #2  | June 24-28 | <input type="checkbox"/> | <input type="checkbox"/> | June 10        |
| #3* | July 1-3   | <input type="checkbox"/> | <input type="checkbox"/> | June 17        |
| #4  | July 8-12  | <input type="checkbox"/> | <input type="checkbox"/> | June 24        |
| #5  | July 15-19 | <input type="checkbox"/> | <input type="checkbox"/> | July 1         |

|     |               | Paid<br>In Full          | Deposit<br>Only          | Balance<br>Due |
|-----|---------------|--------------------------|--------------------------|----------------|
| #6  | July 22-26    | <input type="checkbox"/> | <input type="checkbox"/> | July 8         |
| #7  | July 29-Aug 2 | <input type="checkbox"/> | <input type="checkbox"/> | July 15        |
| #8  | Aug 5-9       | <input type="checkbox"/> | <input type="checkbox"/> | July 22        |
| #9  | Aug 12-16     | <input type="checkbox"/> | <input type="checkbox"/> | July 29        |
| #10 | Aug 19-23     | <input type="checkbox"/> | <input type="checkbox"/> | Aug 5          |

\$200.00 a week if paid in full at the time of registration.

\$175.00 a week if you secure a weekly spot with a \$25.00 deposit.

The additional \$175.00 balance is due on the "Balance Due Date," which you can find above and on your receipt.

*\*WEEK THREE is a 3-day Camp Week with the adjusted weekly fee below:*

*\$125.00 if paid in full balance due by June 17, 2024.*

**PHYSICIAN'S STATEMENT & IMMUNIZATION RECORD:**  
**STATE LAW REQUIRES THE BGCM TO COLLECT AND FILE MEDICAL EXAMINATIONS AND IMMUNIZATION RECORDS FOR EVERY CAMPER. WE DO NOT KEEP MEDICAL RECORDS FROM PREVIOUS YEARS. ALL MEDICAL DOCUMENTS ARE DUE AT THE TIME OF REGISTRATION. IF YOU DO NOT HAVE THEM, WE WILL BE UNABLE TO SIGN YOUR CHILD/CHILDREN UP FOR CAMP. THERE ARE NO EXCEPTIONS!!**

Please note any medical or physical problems camp staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Membership Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Camp Fees: \_\_\_\_\_ = Total Amount Paid \$ \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**GUARDIANS– IMPORTANT – Please read carefully.**

- I understand the Boys & Girls Club of Manchester expects all campers to abide by the rules designed to create a safe and fun summer experience for all campers.
- The Boys & Girls Club of Manchester reserves the right to suspend a camper from immediate or future attendance when necessary, resulting in the forfeiture of all current weekly fees. Refunds for suspensions or expulsions shall not be offered.
- I acknowledge that supervision at the Union Street Clubhouse begins at **6:30 AM and ends at 6:00 PM**. I am responsible for dropping off and picking up my camper during supervision hours. I agree to pay a late fee of \$1.00 for every minute I pick up my camper after 6:00 PM. (Example: Arrive at the Club at 6:10, you will owe \$10.00 in late fees 6:00 - 6:10 = 10 minutes / 10 minutes x \$1.00/minute = \$10.00) After my second offense, I acknowledge that my camper may be suspended for the current week and the remainder of the summer.
- Requests for cancellations of a given week must be submitted in writing and received at least two weeks before the start date of the week requested for cancellation. A \$10.00 per week/per child cancellation fee will be applied. Requests received after two weeks will not be eligible for refund or transfer. Requests must be emailed to Kim Kuehl at [kkuehl@mbgcnh.org](mailto:kkuehl@mbgcnh.org).
- Balances are due TWO weeks before the beginning of the reserved week (see due dates on receipt and listed above). BGCM will apply a \$10.00 late fee to balances not paid by the due date and expected within 48 hours. (Example: For a balance due on June 3<sup>rd</sup>, you have until June 5<sup>th</sup> to pay your balance and late fee) If you do not include this \$10.00 late fee in your late payment, we will return your payment and forfeit your camper's spot. If you do not pay within that 48-hour window, the reserved week and the full deposit will be automatically forfeited.
- Payments may be made through your child's account at [myprocare.com](http://myprocare.com), mailed, made in person, charged by credit card over the phone, or put in the dropbox that is available at the main entrance to the Union Street Clubhouse.

**Permission for Medical Treatment**

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Secondary Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

In the event the child/children's guardian cannot be contacted, please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give my permission for medical treatment deemed necessary by physicians designated by the Boys & Girls Club of Manchester authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from their participation in the Camp Foster summer day camp program.

Preferred Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

I understand this authorization will only occur if I cannot be contacted and provide immediate treatment. As the individual responsible for payments, I have read, understand, and agree to abide by these policies and procedures set forth by the Boys & Girls Club of Manchester.

Guardian Signature: \_\_\_\_\_



**BOYS & GIRLS CLUB**  
OF MANCHESTER

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

## Membership Application

July 1, 2024 – June 30, 2025

\$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<br><input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender<br><input type="checkbox"/> Other : _____               |  | Member Status: <input type="checkbox"/> New Member<br><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 2024:  |  |  |                           | Grade in Fall 2024: |  |
| 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<br><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 _____<br><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 if a member is suspended or expelled from BGCM's programs, a refund will not be issued. 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. If I pay via
- For members' security and safety, individuals in our facilities and riding in our vehicles may be under video surveillance.
- Grade K - Grade 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.

**School Year payments:** All weekly fees are due on Friday for school-year payments. 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. Payments can be made through your account at [myprocare.com](http://myprocare.com)

**Summer payments:** All weekly fees are due on Friday for school-year payments. If payments are late, a \$10.00 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. Payments can be made through your account at [myprocare.com](http://myprocare.com)

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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+ |
|---------------|--------------|-----------------|-----------------|-----------|