



**BOYS & GIRLS CLUB
OF GREATER NASHUA**

Membership Process

Thank you for your interest in becoming a Boys & Girls Club of Greater Nashua member. Each member is required to complete a membership packet of information in order to be able to participate in Boys & Girls Club activities.

A completed packet will include the following items:

- Completed membership packet with signatures
- Completed self-declaration form with signature
- Mentoring notification form with signature
- Completed food allergy application

Membership Application

All members are required to attend a mandatory New Member Orientation. Members, ages 8 to 12, are required to attend this orientation with a parent. Teenagers must take part in the orientation but are not required to have a parent present. Orientation is designed to familiarize members and their families with the Club facility, the staff and our policies. This is also a good opportunity to learn about the benefits of the Club, ask questions, meet staff and learn of upcoming events. Please contact the Front Office for information about Orientation dates and times.

Self-Declaration Form

Our Boys & Girls Club receives federal, state and city assistance for our programs. As a result, we are asked to provide information specifically about ethnicity, race, household size and income. In order for any youth to become a member of the Boys & Girls Club of Greater Nashua, this form must be completed and signed. We thank you for your assistance and would like to inform you that we will keep all information provided confidential.

Mentoring Notification Form

The Boys & Girls Club of Greater Nashua includes youth development components in all of the programs that we offer. Oftentimes, mentoring in either a group or one-on-one form may occur. Please review our guidelines regarding mentoring and if you are interested in having your child participate in formal one-on-one mentoring please request their participation.

Notice about Meals/Snacks

We offer meals and snacks for all children through the Child and Adult Care Food Program (CACFP). All members are able to participate in the meals program free of charge. **USDA Nondiscrimination Statement** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Food Allergy Program

As part of our participation in our meals program, we need to ensure that any food allergies for our members are adequately documented to guarantee the safety and well-being of all our children.

What to do when the forms are completed?

You can either mail, fax, or drop-off all forms to our Positive Place facility. If you are registering for one of the school site programs, please make sure that you put it to the attention of the after school program that your child will be attending.

To mail: Boys & Girls Club of Greater Nashua, Attn: Membership Secretary, One Positive Place, Nashua, NH 03060
Along with payment of \$35.00 cash, check, or money order made out to Boys & Girls Club of Greater Nashua

Thank you for your interest in registering your child/children for our programs!

FOR OFFICE USE ONLY

<input type="checkbox"/> Grand Avenue	Processing
<input type="checkbox"/> Kids Club	<input type="checkbox"/> Paid: \$ _____
<input type="checkbox"/> 21 st Century	<input type="checkbox"/> Scholarship <input type="checkbox"/> Free
	Date Processed: _____
	By Staff: _____



**BOYS & GIRLS CLUB
OF GREATER NASHUA**

Boys & Girls Club
of Greater Nashua
One Positive Place
Nashua, NH 03060
(603) 883-0523
www.bgcn.com

FOR OFFICE USE ONLY

Membership Packet Requirements

- New Membership Application
- Renewal Application
- Transfer Application
- Reinstatement Application
- Other

Confidentiality: Any confidential information requested is for our records and for funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member Information (Please Print):

Member Status: <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member		If Renewing, Please List Card #:													
First Name:	Middle Initial:	Last Name:													
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Household Size:													
School:		Grade:													
Household Type:															
<input type="checkbox"/> Father & Mother <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (please explain below) <input type="checkbox"/> Father Only <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Mother Only <input type="checkbox"/> Step-parent <input type="checkbox"/> Relative															
Address:															
City:	State:	Zip:													
Home/Preferred Phone:		Email Address(es):													
Please check if Child or Family Receives any of the following:															
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">REQUIRED</td> <td><input type="checkbox"/> Housing</td> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> SSI/ SSDI</td> </tr> <tr> <td><input type="checkbox"/> Free/Reduced School Lunch – Yes</td> <td><input type="checkbox"/> Section 8</td> <td><input type="checkbox"/> General Assistance</td> <td><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> Free/Reduced School Lunch – No</td> <td><input type="checkbox"/> TANF</td> <td><input type="checkbox"/> Veterans Compensation</td> <td><input type="checkbox"/> Day Care Voucher</td> </tr> </table>				REQUIRED	<input type="checkbox"/> Housing	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI/ SSDI	<input type="checkbox"/> Free/Reduced School Lunch – Yes	<input type="checkbox"/> Section 8	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Free/Reduced School Lunch – No	<input type="checkbox"/> TANF	<input type="checkbox"/> Veterans Compensation	<input type="checkbox"/> Day Care Voucher
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Mother's First Name:		Mother's Last Name:													
Mother's Employer:		Mother's Occupation:													
Mother's Work Phone:		Mother's Cell Phone:													
Father's First Name:		Father's Last Name:													
Father's Employer:		Father's Occupation:													
Father's Work Phone:		Father's Cell Phone:													
Is either parent an active member of the armed forces? <input type="checkbox"/> No <input type="checkbox"/> Yes .															
Which parent?		Which branch?													
Please check Family Income:															
<input type="checkbox"/> \$0 - \$10,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$60,000 - \$70,000 <input type="checkbox"/> \$90,000 - \$100,000 <input type="checkbox"/> \$10,000 - \$20,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> \$70,000 - \$80,000 <input type="checkbox"/> \$100,000+ <input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$50,000 - \$60,000 <input type="checkbox"/> \$80,000 - \$90,000															
Emergency Contact #1		Emergency Contact #2													
Emergency Contact #1 Phone:		Emergency Contact #2 Phone:													
Emergency Contact #1 Relationship to Child:		Emergency Contact #2 Relationship to Child:													
Insurance Company:		Insurance Policy Number:													
Medical Problems/Allergies:		List of Medications Member is Taking:													
Physician:		Physician Phone:													
Preferred Hospital:		Preferred Hospital Phone:													

I understand that the Boys & Girls Club of Greater Nashua offers two program opportunities for youth. Please read each program carefully to ensure your child is enrolled in the best program to fit your needs and initial each description.

Boys & Girls Club Licensed Exempt Program

The Boys & Girls Club licensed exempt program for youth ages 8 – 18 years old is designed to provide afterschool program opportunities in five core program areas; education and career development, healthy living, character and leadership, the arts, and sports fitness and recreation. The licensed exempt program will occur at the Boys & Girls Club facility at 47 Grand Avenue, as well as other collaborative program locations, including Elm Street Middle School, Fairgrounds Middle School and Pennichuck Middle School.

I understand that the program is not a licensed child care program and children participating in the program have the right to come and go from the program and that employees will encourage, but cannot force, children to stay.

I give my consent for any photographs or video in which my child may appear to be used in any way that Club staff may care to use them.

I understand the rules of the Club and request that my child be admitted into membership. I have explained the rules to my child and understand that the Club will not be responsible for any accident to my child on the premises or while engaged in any of its activities away from the Club.

"Rules for acceptance and participation in the program are the same for everyone without regard to race, color, age, sex, handicap, or national origin."

Parent Initials

Kids Club State Licensed Childcare Program

The Boys & Girls Club state licensed program, Kids Club is available to youth ages 5 – 12 years old. The Kids Club program is a fee based before and after school and out of school childcare program that follows all guidelines of a state licensed program.

I understand that my child cannot leave the program without being signed out by a parent or guardian or other designated adult.

Additional registration and forms must be completed to participate in the Kids Club program. See the Kids Club director for any additional information regarding a state licensed program.

"Rules for acceptance and participation in the program are the same for everyone without regard to race, color, age, sex, handicap, or national origin."

Parent Initials

Please check the box for the program opportunity that you are requesting for your child.

- I want my child, _____, to participate in the Boys & Girls Club Licensed Exempt Program.
- I want my child, _____, to participate in the Kids Club State Licensed Childcare Program.

Parent/Guardian Signature

Date



**BOYS & GIRLS CLUB
OF GREATER NASHUA**

Self-Declaration of Information Report

Federal regulations require that we obtain this information to document assistance is being provided to low and moderate-income households. Parents or guardians should complete this form indicating all persons residing within their household, regardless of whether or not they are related.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES.

CLUB MEMBER INFORMATION

MEMBER STATUS: FAMILY INDIVIDUAL

Participant Name(s): _____

Address: _____ City, State, Zip Code: _____

ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

RACE (please select only one):

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native **and** White
- Asian **and** White
- Black/African American **and** White
- American Indian/Alaska Native **and** Black/African American
- Other Multi-Racial: _____

HOUSEHOLD INFORMATION

- i. Circle the total number of people living in your household.
- ii. Circle the corresponding income level.

Household Size	(0-30%)	(31-50%)	(51-80%)	(over 80%)
1	\$0 - \$19,800	\$19,801 - \$32,950	\$32,951 - \$29,540	\$47,600+
2	\$0 - \$22,600	\$22,601 - \$37,650	\$37,651 - \$45,180	\$54,400+
3	\$0 - \$25,450	\$25,451 - \$42,350	\$42,351 - \$50,820	\$61,200+
4	\$0 - \$28,250	\$28,251 - \$47,050	\$47,051 - \$56,460	\$68,000+
5	\$0 - \$30,550	\$30,551 - \$50,850	\$50,851 - \$61,020	\$73,450+
6	\$0 - \$32,800	\$32,801 - \$54,600	\$54,601 - \$65,520	\$78,900+
7	\$0 - \$35,050	\$35,051 - \$58,350	\$58,351 - \$70,020	\$84,350+
8	\$0 - \$37,300	\$37,301 - \$62,150	\$62,151 - \$74,580	\$89,800+

Check here if unemployed (please still circle household size)

I certify the above information is true and correct to the best of my knowledge.

Parent/Guardian: _____ Date: _____

Original signature is required.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

101 PLEASANT STREET, CONCORD, NH 03301
Citizens Service Line 1-800-339-9900 Fax 603-271-1953 TDD Access: 1-800-735-2964
EQUAL OPPORTUNITY EMPLOYER-EQUAL EDUCATION OPPORTUNITIES

Nicholas C. Donohue
Commissioner
Tel. 603-271-3144

**SPECIAL MEALS PRESCRIPTION
CHILD NUTRITION PROGRAMS**

NAME OF STUDENT: _____ DOB: _____

SPEDIS ID NO: _____ SCHOOL NAME: _____

Is student: Disabled Nondisabled (please check appropriate box.)

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability.

Diet/Feeding Prescription (check all that apply) Diabetic Reduced Calorie Increased Calorie Modified Texture
Other: (describe) _____

Foods Omitted and Substitutions
(check all that apply)

I. Breads, Grains, Cereal	Omit	Food Preparation for Texture	Substitution
_____ Bread/Rolls	_____	_____	_____
_____ Pasta	_____	_____	_____
_____ Rice	_____	_____	_____
_____ Waffles/French Toast/Pancakes	_____	_____	_____
_____ Taco Shells	_____	_____	_____
_____ Soft Tortillas	_____	_____	_____
_____ Crackers	_____	_____	_____
_____ Cereals	_____	_____	_____
_____ Other	_____	_____	_____
II. Fruits and Vegetables	Omit	Food Preparation for Texture	Substitution
_____ Raw:	_____	_____	_____
_____ Canned:	_____	_____	_____
_____ Potato:	_____	_____	_____
_____ Other:	_____	_____	_____
III. Milk/Dairy Products	Omit	Food Preparation for Texture	Substitution
_____ Milk:	_____	_____	_____
_____ Yogurt:	_____	_____	_____
_____ Cheese:	_____	_____	_____
_____ Ice Cream/Frozen Desserts	_____	_____	_____
_____ Other:	_____	_____	_____

IV. Meats/Protein Foods	Omit	Food Preparation for Texture	Substitution
___ Meats	_____	_____	_____
___ Nuts/Seeds	_____	_____	_____
___ Eggs:	_____	_____	_____
___ Canned/Dried Beans:	_____	_____	_____
___ Other:	_____	_____	_____

V. Fats/ Sweeteners/ Sauces	Omit	Food Preparation for Texture	Substitution
___ Sauces/Dressings:	_____	_____	_____
___ Spreads:	_____	_____	_____
___ Other:	_____	_____	_____

VI. Desserts	Omit	Food Preparation for Texture	Substitution
___ Cakes:	_____	_____	_____
___ Cookies	_____	_____	_____
___ Puddings/Whips:	_____	_____	_____
___ Jello:	_____	_____	_____
___ Other:	_____	_____	_____

VII. Combination Foods	Omit	Food Preparation for Texture	Substitution
___ Soups:	_____	_____	_____
___ Lasagna, Chop Suey, Spaghetti	_____	_____	_____
___ Pizza:	_____	_____	_____
___ Other:	_____	_____	_____

VIII. Liquids

___ Thickened Consistency: syrup nectar honey

___ Thickeners: _____

___ No Liquids Offered

___ Special Feeding Utensils/Equipment: _____

IX. Other Information Regarding Diet (for SPED team)

___ Safe Eating Plan In Place (See Modification Section of Individual Education Plan (IEP))

___ Stop Feeding When _____

___ Record: _____

___ Other: _____

I certify that the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

_____ Physician's Signature	_____ Office Phone Number	_____ Date	_____ Typed Name
_____ Nutritionist	_____ Feeding and Swallowing Specialist		

cc: Parents, Physician, Nutritionist, Oral Motor Specialist, Program Coordination-SMSB, Food Service Director, School Nurse, Principal, Cheri White, MS, Department of Education