

**Club Member Type:**

- Kids Club Child Care (K-3<sup>rd</sup> Grade)
- Clubhouse (4<sup>th</sup>-6<sup>th</sup> Grade)
- Teen Center (7<sup>th</sup>-12<sup>th</sup> Grade)

**Registration Type:**

- New Club Member
- Renewing (Card # \_\_\_\_\_)



**BOYS & GIRLS CLUB  
OF GREATER NASHUA**

One Positive Place  
Nashua, NH 03060  
(603) 883-0523

**Boys & Girls Club of Greater Nashua Membership Application**

Club Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Cell Phone Number (if they have one): \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

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

**Identifying information for Parent/Guardian legally responsible for child:**

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Is either parent an active member of the armed forces?     No     Yes

Which parent? \_\_\_\_\_ Which branch? \_\_\_\_\_

**Emergency Contact Information:**

*We require you to list at least one additional person who could assume responsibility for your child if the Club is unable to reach you in an emergency situation and/or if for some reason you are unable to pick up your child and the Club is unable to reach you.*

Emergency Contact Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

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

Emergency Contact Address: \_\_\_\_\_

## Parent/Guardian Consents and Agreements: 2022-2023 School Year

Please read each statement thoroughly, and **initial on the lines next to the statements below**:

\_\_\_\_\_ I understand that the Boys & Girls Club of Greater Nashua (the Club) expects all members to follow a set of appropriate rules designed to protect the safety and enjoyment of all members.

\_\_\_\_\_ Credit card, debit card, personal check, cash and money order will be accepted for required payments. A \$20.00 fee will be applied for all returned checks. We encourage you to keep payment receipts on file as we do not provide parents/guardians year-end statements of fees paid.

\_\_\_\_\_ We occasionally take photos/videos of Club activities. I give consent for any photographs or videos of my child to be used by the Boys & Girls Club for informational and promotional media.

I DO NOT give consent for photos or videos of my child to be used.

The Boys & Girls Club of Greater Nashua's child care program, called **Kids Club**, is a New Hampshire state-licensed child care program. Kids Club is a fee-based before, after, and out-of-school child care program for children in K through 3<sup>rd</sup> grade that follows all guidelines of a state-licensed program.

The Boys & Girls Club of Greater Nashua's **Clubhouse** program and **Teen Center** program are licensed-exempt programs for children in 4<sup>th</sup> through 12<sup>th</sup> grade that provide afterschool enrichment opportunities in three core program areas: Academic Success, Good Character & Citizenship, and Healthy Lifestyles. Similar to Kids Club, these licensed-exempt programs adhere to the highest of standards in regards to child safety and youth development programming.

The opportunity to participate in our programs is offered to all children regardless of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, family/parental status, or income level.

I understand the rules of the Club and request that my child be admitted into membership. I have explained the behavioral contract rules (included in this packet) to my child. I 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. I also understand that Kids Club and Clubhouse members cannot leave the facility without being signed out by an authorized adult.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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### Optional Social and Emotional Wellness Services:

The Boys & Girls Club of Greater Nashua promotes and advocates for our members' social and emotional wellness. Through grant funding and collaboration with community partners, the Boys & Girls Club of Greater Nashua has licensed clinicians and counselors on staff to provide support to our Club members at no cost.

I consent to my child receiving free counseling services as needed:

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I DO NOT give consent for my child to receive free counseling services.

**2022-2023 School Year  
Permission for Medical Treatment**

Club Member's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Card #: \_\_\_\_\_

Does your child have any known allergies?     No     Yes

Please explain:

\_\_\_\_\_

Any chronic conditions or medications that could be important in case of sudden illness or injury:

\_\_\_\_\_

**I hereby give permission for the staff of the Boys & Girls Club of Greater Nashua to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency treatment. I also authorize first responders to administer medical treatment as necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child. I understand that I will be contacted by the Boys & Girls Club of Greater Nashua staff as soon as possible regarding any emergency involving my child.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Club Member's PCP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PCP's (Primary Care Physician) Address: \_\_\_\_\_

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

**Kids Club Child Care Registration Only**

The State of NH requires all children attending a licensed childcare program to provide a record of health history and statement of health status at the time of childcare registration. A health form or record from your child's doctor or primary care physician provides an up-to-date immunization certification, health physicals, and proof of medical or religious exemptions. Your child's child care registration cannot be accepted unless these important health documents are provided. Please initial below to indicate that you understand this requirement and will provide these health documents.

\_\_\_\_\_  
**Parent/Guardian Initial**

**To be completed by Front Office Staff:** Health Form & Immunization Records received.

\_\_\_\_\_  
Staff Initial

## 2022-2023 School Year Self-Declaration of Information Report

Federal regulations require that we obtain this information to document assistance that 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.**

**Ethnicity (please select only one):**

- Hispanic or Latino                       Not Hispanic or Latino

**Race (please select only one):**

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White                  |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Black/African American <b>and</b> White                          |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Asian <b>and</b> White   |
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> American Indian/Alaskan Native <b>and</b> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other/Multi-Racial: _____  |

**Household Type**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Mother and Father      | <input type="checkbox"/> Mother Only  |
| <input type="checkbox"/> Grandparent            | <input type="checkbox"/> Father Only  |
| <input type="checkbox"/> Parent and Step Parent | <input type="checkbox"/> Other: _____ |

**Additional State Assistance Received:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> TANF               | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> Housing            | <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> SSI/SDI               |
| <input type="checkbox"/> Section 8          | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Medicaid              |

**Household Information**

Circle the total number of people living in your household **and** circle the corresponding income level.

Household Size	(0-30%)	(31-50%)	(51-80%)	(Over 80%)
1	\$0 – \$23,050	\$23,051- \$38,400	\$38,401 - \$55,950	\$55,951 +
2	\$0 - \$26,350	\$26, 351- \$43,850	\$43,851 - \$63,950	\$63,951 +
3	\$0 – \$29,650	\$29,651 - \$49,350	\$49,351- \$71,950	\$71,951+
4	\$0 - \$32,900	\$32,901- \$54,800	\$54,801- \$79,900	\$79,901+
5	\$0 - \$35,550	\$35,551- \$59,200	\$59,201- \$86,300	\$86,301+
6	\$0 - \$38,200	\$38,201- \$63,600	\$63,601- \$92,700	\$92,701+
7	\$0 - \$40,800	\$40,801 - \$68,000	\$68,001- \$99,100	\$99,101+
8	\$0 - \$44,660	\$44,661- \$72,350	\$72,351- \$105,500	\$105,501+

- Check here if unemployed (please still circle household size)

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

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **2022-2023 School Year Club Member Behavioral Contract**

Please review this behavioral contract with your child.

1. I agree to treat myself, all Club members, visitors, volunteers, and staff with respect at all times. This means following directions, no name calling, put downs, or rude comments.
2. I agree to treat property of the Club and of other members with respect. This means not taking or using anything without permission of the owner and returning property when asked by the owner without argument.
3. I agree to be a positive role model to my fellow Club members.
4. I agree to not use inappropriate language while in the Club or on Club-sponsored trips. This means not swearing or being verbally abusive.
5. I will pick up after myself: throwing away my trash, taking home my personal belongings, and returning things where I found them.
6. I will not display aggressive physical behavior at any time. This includes pushing, shoving, hitting, etc., even in a "joking" way.
7. I will not display inappropriate behavior, to include sexual contact and signs of affection including kissing, sitting on laps, etc.
8. I will not bring any items into the Club that are illegal or potentially dangerous to others or myself.
9. When using the internet at the Club, regardless of device (phone, computer, tablet, etc.), I agree to remain safe and to not go on websites that are inappropriate.
10. I understand that it is my responsibility to take care of (and keep track of) my personal property. This includes: electronic games, tablets, phones, laptops, or toys, etc.
11. The Boys & Girls Club of Greater Nashua offers free transportation; at no time will I disrupt or distract the driver while on any bus or van. This expectation is also applicable to members taking First Student transportation from the schools to the Club.

### **ZERO TOLERANCE POLICY**

The following negative behaviors will automatically suspend a member for a minimum of one day:

- Bullying or physical aggression toward another individual
- Behavior that threatens the safety of another member or Club staff
- Damage to the Boys & Girls Club facility or equipment (member's parent/guardian may be liable for damages)

## Potential Consequences for Violating Club Member Behavioral Contract

- Verbal Warnings
- Loss of Privileges (example: loss of swim time for violating pool rules)
- One-Day Suspension
- Multi-Day Suspension
- Indefinite Suspension

As a member of the Boys & Girls Club of Greater Nashua, I understand the importance of rules that ensure the Club is a safe and welcoming environment. By signing this statement, I agree to abide by this basic set of behavioral expectations and accept any consequences, good or bad, that may come from my behavior.

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Club Member Signature

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Date

I understand that my child must display acceptable behavior while at the Boys & Girls Club and while participating in Club sponsored events.

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Parent/Guardian Signature

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Date



The Boys & Girls Club of Greater Nashua offers **free** daily snacks and meals to all members. This is included in their membership. Below is the USDA Nondiscrimination Statement for Food and Nutrition Services. We are required by the state to share this with all families who sign up, this is for your information only – you do not have to sign and return.

### **USDA Nondiscrimination Statement | Food and Nutrition Service**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:**  
(833) 256-1665 or (202) 690-7442
3. **Email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

**This institution is an equal opportunity provider.**