



Dear Parents and Guardians,

Welcome to the Boys & Girls Club of Greater Nashua Early Learning Center! We are excited that your family has chosen our New Hampshire state licensed child care program to serve your family! The Boys & Girls Club of Greater Nashua Early Learning Center welcomes children between preschool and 3rd grade. We are committed to providing a safe, inclusive and fun environment for all Club members!

Our Early Learning Center program provides four options for child care during the school year:

Preschool/Pre-K

2.5 yrs – 5yrs
7:00am-5:30pm
\$250 per week

Before School Care

Kindergarten – 5th Grade
6:30am-School Start
\$40 per week

Afterschool Care

Kindergarten – 3rd Grade
2:30pm-6:00pm
\$85 per week

School Vacations

Kindergarten – 3rd Grade
8:30am-5:30pm
\$200 per week

All Boys & Girls Club of Greater Nashua Early Learning Center children must become Boys & Girls Club of Greater Nashua members. A Boys & Girls Club of Greater Nashua membership is an annual payment of \$35 per year. Registration for the Boys & Girls Club of Greater Nashua Early Learning Center is available on a first come, first served basis. We have limited spots available in this program as we strictly follow New Hampshire State Child Care Licensing requirements regarding adult to child ratios. When all available registration slots are filled, we will begin a wait list. Waitlisted families will be notified when registration slots become available.

Registration Checklist:

- Boys & Girls Club of Greater Nashua Membership Application and \$35 annual payment
- Parent/Guardian Consents & Agreements Page
- Permission for Medical Treatment Page
- Self-Declaration of Information Report
- Club Member Behavior Contract
- Early Learning Center Licensed Child Care Registration Form & Contract for Services Agreement
- Child Health Forms & Immunization Record prepared by your child's PCP
- Allergy and Anaphylaxis Action Plan
- Water Activities & In-House Permission Slip
- Payment Authorization Form
- Child Care Provider Verification (Form 1863)



Club Member Type:

- Early Learning Center (Preschool - 3rd Grade)
- Clubhouse (4th - 6th Grade)
- Teen Center (7th - 12th 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: _____ 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 and/or if you are unable to pick up your child and the Club is unable to reach you.

Emergency Contact Name: _____

Relationship to Club Member: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact Address: _____

Parent/Guardian Consents and Agreements:

Please read each statement thoroughly. Please initial or sign all highlighted areas.

I understand that the Boys & Girls Club of Greater Nashua 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 **Early Learning Center** is a New Hampshire licensed child care program. The Boys & Girls Club of Greater Nashua Early Learning Center follows all guidelines of a state-licensed program and is a fee-based all-day child care for preschool and pre-k children as well as before, after, and out-of-school child care program for school-aged children.

The Boys & Girls Club of Greater Nashua's **Clubhouse** program and **Teen Center** program are licensed-exempt programs for 4th through 12th grade children that provides afterschool enrichment opportunities in three core program areas: Academic Success, Good Character & Citizenship, and Healthy Lifestyles. Similar to the Early Learning Center, 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 Club members cannot leave the facility without being signed out by an authorized adult.

Parent/Guardian Signature

Date

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.

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: _____

Early Learning Center Registration Only

The State of NH requires all children attending a licensed child care program to provide a record of health history and statement of health status at the time of child care 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 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

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 of Child (please select only one):

- Hispanic or Latino Not Hispanic or Latino

Race of Child (please select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native and 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

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 inappropriate contact with other children at the Club.
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 for school-aged children; 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.

Club Member Signature

Date

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

Parent/Guardian Signature

Date



For Office Use Only:

- State Assistance Form 1863 Received
- \$50 Deposit Received
- Approved Start Date: _____
- Weekly Tuition Amount: \$_____

Club Member Full Name: _____ DOB: _____

Gender: _____ Current Grade: _____ School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**A non-refundable deposit amount of 1-week's tuition is due at time of enrollment.
No less than \$50.00 for state-assisted families due per child.**

Please select the Early Learning Center programs that you would like to register your child for:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Before School Care Kindergarten – 5th Grade 6:30am – School Start \$40 per week</p>	<p>Afterschool Care Kindergarten – 3rd Grade 2:30pm – 6:00pm \$85 per week</p>	<p>Before and Afterschool Care (School-Age Only) 6:30-School Start & 2:30-6pm \$125 per week</p>
<input type="checkbox"/>	<input type="checkbox"/>	
<p>Winter Vacation Week of February 27th – March 3rd (School-Age Only) 8:30am – 5:30pm \$200 per week</p>	<p>Spring Vacation Week of April 24th – April 28th (School-Age Only) 8:30am – 5:30pm \$200 per week</p>	
<input type="checkbox"/>	<input type="checkbox"/>	
<p>All Day Preschool/Pre-K Program 7:00am-5:30pm \$250 per week</p> <p>Please select the hours your child will be in care:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 7:00am-4:00pm <input type="checkbox"/> 7:30am-4:30pm <input type="checkbox"/> 8:00am-5:00pm <input type="checkbox"/> 8:30am-5:30pm <p><i>*All children are expected to be dropped off to the Early Learning Care Program no later than 9:30am.</i></p>	<p>I am interested in enrolling my child in the summer program.</p>	

The Boys & Girls Club of Greater Nashua uses the Brightwheel™ App to send out communications to our families. We encourage families to download this free App to receive the most recent communications regarding your children and programs being offering while they are enrolled!



Contract for Services Agreement

1. Tuition is to be paid weekly, by 6:00pm, on the Monday of the week your child is receiving services. A late fee of \$15.00 will be applied to your account for fees paid after Monday at 6:00pm. **The Early Learning Center Licensed Child Care Program will discontinue services for failure to pay on the agreed upon schedule.**
2. I understand that the Boys & Girls Club of Greater Nashua Early Learning Center's hours of operation are different from the license-exempt Clubhouse and Teen Center programs:

Non-School Aged Children (Preschool, Pre-K and Kindergarten):

All-Day Care: 7:00-5:30pm

*Daily care limited to 9 hours per day

School-Aged Children (Kindergarten-3rd Grade):

School Days: 6:30am – School Start and 2:30-6:00pm

Non-School Days: 8:30-5:30pm

There is a late charge of \$10.00 for each child picked up after these hours listed. This fee must be paid before the next week in order for your child to return to the program.

3. In order to maintain staff/child ratios required by the State of New Hampshire child care licensing, I understand that I am expected to bring my child to the Early Learning Center during the hours that I have selected during registration. I understand tuition cannot be credited for illness, holiday closing, and vacations.
4. I will provide the Early Learning Center with all required forms & documents related to licensing.
5. In the event of default, the Early Learning Center will hold the contracting party responsible for all costs related to collection of services.
6. The Early Learning Center reserves the right to request that parents make other child care arrangements if outlined policies are not followed.
7. Parents receiving financial assistance through the state are responsible for completing updated and appropriate paperwork as requested by the Early Learning Center to comply with State and Federal requirements.

Please notify the State of New Hampshire Department of Health and Human Services Office of any changes in job status, income, and family situation. Failure to do so may result in loss of child care assistance (State Aid).

8. All fees not covered by State Aid are the financial responsibility of the parent/guardian.
Please Initial: _____
9. Any account that is two weeks or more behind in payment will not be accepted back into the Early Learning Center until the account is paid in full and current.
Please Initial: _____
10. Any account that goes to collections may not return to the Early Learning Center, this includes future care to any family members.
Please Initial: _____

Note to Parents and Guardians:

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. Statements 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, extension 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at the 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 in 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.

If licensing staff believes your child may have specific information regarding an alleged event at the child care 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:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit their website at:

<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

I have read and agree to comply with the policies outlined above.

Parent/Guardian Signature

Date

Allergy and Anaphylaxis Action Plan

Club Member Full Name: _____ Date of Plan: _____
 Date of Birth: _____ Age: _____ Weight: _____ lbs

Child has allergy to: _____

- | | | |
|----------------------------|------------------------------|---|
| Child has asthma. | <input type="checkbox"/> Yes | <input type="checkbox"/> No (If yes, higher chance severe reaction) |
| Child has had anaphylaxis. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child may carry medicine. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IMPORTANT REMINDER:

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

<p>For Severe Allergy and Anaphylaxis</p> <p>What to look for: </p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "doom," confusion, altered consciousness, or agitation 	<p>Give epinephrine!</p> <p>What to do:</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. <ul style="list-style-type: none"> • Ask for ambulance with epinephrine. • Tell rescue squad when epinephrine was given. 3. Stay with child and: <ul style="list-style-type: none"> • Call parents and child's doctor. • Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. • Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. <ul style="list-style-type: none"> • Antihistamine • Inhaler/bronchodilator
<p><input type="checkbox"/> SPECIAL SITUATION:</p> <p>If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____</p> <p>Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	
<p>For Mild Allergic Reaction</p> <p>What to look for: </p> <p>If child has had any mild symptoms, monitor child.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<p>Monitor child</p> <p>What to do</p> <p>Stay with child and:</p> <ul style="list-style-type: none"> • Watch child closely. • Give antihistamine (if prescribed). • Call parents and child's doctor. • If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Allergy and Anaphylaxis Action Plan

Club Member Full Name: _____ Date of Plan: _____

Date of Birth: _____ Age: _____ Weight: _____ lbs

Child has allergy to: _____

Medicines/Doses

Epinephrine, intramuscular (list type): _____

Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma):

Parent/Guardian Authorized Signature

Date

Physician/HPC Authorized Signature

Date

Water Activities & In-House Permission Slip

Name of Child Care Center: Boys & Girls Club of Greater Nashua Early Learning Center

Club Member Full Name: _____ **DOB:** _____

The Early Learning Center will provide your child with the opportunity to swim daily in the pool located inside of the Boys & Girls Club of Greater Nashua. Please describe your child's swimming ability and whether or not your child is afraid of swimming and/or being in or near the water:

Please sign and indicate whether you do or do not want your child to use the indoor pool.

My child may use the indoor pool My child may **not** use the indoor pool

I give permission for my child to participate in the following activities under supervision of The Early Learning Center:

Field trips with written permission: Yes No

Indoor Swimming activities: Yes No

I give permission for my child to participate in group walks to activities in the following areas:

Residential areas adjacent to the Boys & Girls Club: Yes No

Wooded areas adjacent to the Boys & Girls Club including Mines Falls: Yes No

Ledge Street playgrounds/baseball field surrounding the Boys & Girls Club: Yes No

Parent/Guardian Authorized Signature

Date

Payment Authorization Form

Club Member's Name: _____ DOB: _____

Auto Debit Start Date: _____ Amount per Cycle (WEEKLY): _____

The Boys & Girls Club billing cycle is every week, on the Monday of the week your child is receiving services, for as long as your child is enrolled. I hereby authorize the Club to initiate credit entries and if necessary, to initiate any debit entries to correct erroneous credit entries to my account indicated below and the financial institution indicated below. This authority is to remain in full force and effect until the Club has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Club and depository a reasonable opportunity to act on it.

Parent/Guardian/ Card holder Name: _____

Address: _____

City, State & Zip: _____ Phone number: _____

Parent Email Address: _____

CHECK ONE: Master Card Visa

Card Number: _____

Expiration Date: _____ 3- digit Security Code: _____

Payments will be deducted automatically on the Monday of the week child care services are provided. Funds must be in the listed account by the close of business on Monday. In the event the payment is declined, another payment will be charged the NEXT business day. A second decline requires immediate action for your child to continue in our program. **PLEASE INITIAL:**

Please note: we will not reduce fees due to holidays, illness, snow days, and family vacations. Tuition fees will be charged to the account on file unless written notice of termination is submitted to the Director two weeks in advance. **PLEASE INITIAL:**

If you start your child before you are linked with the state, you are responsible for all costs incurred on your account. A missed payment will automatically result in stoppage of care until the full amount due is paid.

PLEASE INITIAL:

All payments will be deducted **WEEKLY**. Funds must be available on these dates to avoid fees for insufficient funds. Fees will be charged to the account on file unless written notice of termination is submitted in writing to the Boys & Girls Club of Greater Nashua's Finance Department.

I have read and fully understand the above policies.

Parent/Guardian Signature

Date



CHILD CARE PROVIDER VERIFICATION

PROVIDER NAME AND PHYSICAL ADDRESS:

Name: BGCN Early Learning Center
 Address: Boys & Girls Club of Greater Nashua
 One Positive Place, Nashua NH 03060

Telephone: 603 - 883 - 0523

PARENT NAME AND PHYSICAL ADDRESS

Name: _____
 Address: _____

Telephone: _____

CHILD CARE PROVIDER RESOURCE IDENTIFICATION NUMBER

2	2	1	1
---	---	---	---

IS THE CHILD CARE PROVIDER LICENSED WITH CHILD CARE LICENSING? YES NO

IF THE PROVIDER IS NOT LICENSED, PLEASE ANSWER THE NEXT TWO QUESTIONS:

1. Indicate the total number of children for whom you provide child care (DO NOT include your own children). N/A
2. How many of the children that you counted above are related to you (i.e. niece, nephew, grandchildren etc.)? N/A

INDIVIDUAL DATA: Child(ren) Information

Child's Full Name (First) (Last)	Date of Birth (mm/dd/yyyy)	Relationship to Provider	Child Care Link Date* (mm/dd/yyyy)
		N/A	
		N/A	
		N/A	
		N/A	

* Date that care began or the child care application/redetermination date, whichever is most recent.

Child Care is provided in: Child's Home Provider's Home Child Care Center

The Department of Health and Human Services does not endorse any child care providers. Selection of a provider is the decision of the parent and the Department assumes no liability for safety, protection, or quality of care.

I understand that a license is required when care is given in a private home for more than three children, unrelated to the provider at any given time, in addition to my own children.

I understand that I cannot be reimbursed for child care scholarship if I reside in the same home as the child that I am caring for and/or if the child has a biological, step or adoptive relationship to me.

I understand that the Department may release child care payment information to the above-named provider for the purpose of verifying child care scholarship payment by the Department of Health and Human Services.

- I certify that the information provided is true and correct.
- I certify that I have read and understood the instructions provided.

Parent/Guardian's Signature: _____ Date: _____

Child Care Provider's Signature: _____ Date: _____



**BOYS & GIRLS CLUB
OF GREATER NASHUA**

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, audiotope, 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

This institution is an equal opportunity provider.