



Dear Parents and Guardians,

Welcome to the Boys & Girls Club of Greater Nashua Early Learning Center, we are excited that you have 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 6 weeks of age and 3rd grade. We are committed to providing a safe, inclusive and fun environment for all Club members!

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

Infant / Toddler: Full Day (6 weeks-2 years)	Preschool: Full Day (2-3 Year olds)	Pre K: Full Day (4-5 year olds)	Kindergarten Prep: Part time (4-5 Year olds)
6 weeks – 2 yrs 7:00am – 5:30pm \$350 per week	2 yrs 7:00am – 5:30pm \$300 per week	4 – 5 yrs 7:00am – 5:30pm \$250 per week	4 – 5 yrs 9:00am – 2:00pm \$150 per week
Before School		After School	
K – 6th Grade 6:30am – 8:30am \$45 per week		K – 3rd Grade 2:30pm – 6:00pm \$85 per week	

***** February and April Vacation Weeks: \$200 per week for grades K-3**

All Boys & Girls Club of Greater Nashua Early Learning Center children must become Boys & Girls Club of Greater Nashua members. A membership is one-time payment of \$40 per year, renewing every September 1st regardless of when you join. 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 waitlist. Waitlisted families will be notified when registration slots become available.

Registration Checklist:

- Early Learning Center Child Care Program Registration Form
- Licensed Child Care Program Registration Form and Emergency Information
- Parent/Guardian Billing Agreement Page
- Child Care Provider Verification (Form 1863)
- Allergy and Anaphylaxis Action Plan
- Water Activities & In-House Permission Slip
- Licensing Permission Form
- Child Health Forms & Immunization Record (prepared by your child’s PCP)
- Boys & Girls Club of Greater Nashua Membership Application & \$40 Annual Membership Payment
- Club Member Behavioral Contract
- Parent/Guardian Consents & Agreements
- Self-Declaration of Information Report
- Permission for Medical Treatment Form



**BOYS & GIRLS CLUB
OF GREATER NASHUA**

For Office Use Only:

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

Early Learning Center
6 Weeks Old - 3rd Grade
 One Positive Place
 Nashua, NH 03060
 (603) 883-0523

Club Member Full Name: _____ DOB: _____

Gender: _____ Current Grade: _____ School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

A non-refundable registration fee of \$60 and a \$40 membership fee is due at time of enrollment.

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

Full Day Programs:

<input type="checkbox"/> Infant / Young Toddler (6Wks-2 Years Old)	<input type="checkbox"/> Preschool (2-3 Year Olds)	<input type="checkbox"/> Pre K: Full day (4-5 Year Olds)
<p>6 weeks – 2 yrs 7:00am – 5:30pm \$350 per week</p> <p>Please select the hours your child will be in care:</p> <p><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>	<p>2- 3 yrs 7:00am – 5:30pm \$300 per week</p> <p>Please select the hours your child will be in care:</p> <p><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>	<p>4 – 5 yrs 7:00am – 5:30pm \$250 per week</p> <p>Please select the hours your child will be in care:</p> <p><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>

**All Full time program children are expected to be dropped off to the Early Learning Care Program no later than 9:30am.*

Part time Programs:

<input type="checkbox"/> Kindergarten Prep: Half Day	<input type="checkbox"/> Before School	<input type="checkbox"/> After School
<p>4 – 5 yrs 9:00am – 2:00pm \$150 per week</p> <p><i>*All children are expected to be dropped off to the Early Learning Care Program no later than 9:30am.</i></p>	<p>K – 6th Grade 6:30am – 8:30am \$45 per week</p>	<p>K – 3rd Grade 2:30pm – 6:00pm \$85 per week</p>

Check if interested in vacation week. We will reach out closer to date to enroll

<input type="checkbox"/> Winter Vacation Week	<input type="checkbox"/> Spring Vacation Week
<p>February 26th- March 1st 8:30am – 5:30pm \$200 per week</p>	<p>April 22nd- April 26th 8:30am – 5:30pm \$200 per week</p>

I understand that the Boys & Girls Club of Greater Nashua Early Learning Center is a NH State Licensed Child Care program and that I must provide a copy of my child's most recent physical and immunization records before the first day. Initial: _____

 Parent/Guardian Signature

 Date

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

The Boys & Girls Club of Greater Nashua Early Learning Center

CCCB 05396

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions. e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number: Hours:	Phone number: Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: 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. Please indicate whether licensing staff may speak with your child while they are with their class or group:

- I give permission for child care licensing staff to speak with my child while with their class or group.
- I do not give my permission for child care licensing staff to speak with my child while with their class or group.

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 our website at: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>

MEDICAL INFORMATION

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

Child's Usual Physician:	Phone number:
Physician's Address:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ 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 medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically 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 if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature	Date
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ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:



Parent / Guardian Billing Agreements:

The Boys & Girls Club of Greater Nashua uses the child care app called Brightwheel for the following:

- Billing
- Communication with families
- Updates throughout your child's time in the program, including check-in/out, photo sharing, diapering, naps, and meals/snacks provided

Families must download the free app Brightwheel in order to access their billing plan and view their weekly balance.

- Families are responsible for setting up their choice of payment on their Brightwheel account or paying it at the front desk each week
- Invoices automatically go out on Friday for tuition due the following Monday
- Each family is allowed one vacation week each year (year is defined as September 1st 2023 –August 31st 2024)
- In the event of default, the Early Learning Center will hold the contracting party responsible for all costs related to collection of services
- The Early Learning Center reserves the right to request that parents make other child care arrangements if outlined policies are not followed
- 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 & Human Services Office of any changes in job status, income, and family situation. Failure to do so may result in a loss of child care assistance (State Aid)

Contract for Services Agreement

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

_____ I understand that tuition is due by Monday at 6:00pm. Any late tuition payments will result in a \$15 late fee that will be applied to my Brightwheel account.

_____ Credit card, debit card, personal check, cash and money order will be accepted for required payments. A **\$20 fee** will be applied for all returned checks. We encourage you to keep payment receipts on file as we may not provide parents/guardians year-end statements for fees paid.

_____ 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. There is a **\$25 late charge** for each child picked up after the hours listed below. This fee must be paid before the next week in order for your child to return to the program. Hours of the Early Learning Center are:

Non-School Aged Children (Infants, Toddlers, Pre-K, and Kindergarten Prep):

- Infant, Toddler and Pre-K: 7:00am – 5:30pm
- Kindergarten Prep: 9:00am – 12:00pm or 9:00am – 2:00pm

*Daily care limited at 9 hours per day

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

- School Days: 6:30am – 8:30am and 2:30pm – 6:00pm
- Non School Days: 8:30am – 5:30pm

I understand that tuition will not be credited for illness, holiday closings, snow days, or professional development days. Please refer to the Boys & Girls Club of Greater Nashua calendar attached to this application for a full schedule of planned days off.

All fees not covered by State Aid are the financial responsibility of the parent/guardian

I understand that accounts that are two weeks or more behind in payment will not be accepted back into the Early Learning Center until completion of the following steps:

1. Billing reports are reviewed by the Club's finance team
2. Parent/guardian(s) have met with the Directors of the Early Learning Center to review Brightwheel billing
3. Parent/guardian(s) have considered financial aid if necessary and/or set up a payment plan
4. It has been determined by the Early Learning Center's Directors and finance team that parent/guardian(s) are deemed eligible to remain in the program

Any account that goes to collections may not return to the Early Learning Center, this includes future care to any family members

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

Parent/Guardian Signature

Date



CHILD CARE PROVIDER VERIFICATION

PROVIDER NAME AND PHYSICAL ADDRESS:

Name: Boys & Girls Club of Greater Nashua Early Learning Center
 Address: One Positive Place
 Nashua, NH 03060
 Telephone: 603-883-0823 ext 219

PARENT NAME AND PHYSICAL ADDRESS

Name: _____
 Address: _____
 Telephone: _____

CHILD CARE PROVIDER RESOURCE IDENTIFICATION NUMBER

2	2	1	1	6		
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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). _____
2. How many of the children that you counted above are related to you (i.e. niece, nephew, grandchildren etc.)? _____

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)

* 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: _____

Mail a copy to Central Scanning Unit at P.O. Box 181, Concord, NH 03302. Keep a copy of this form for your records.

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 style="text-align: right;"></p>	<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 style="text-align: right;"></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

(Only fill out if applicable)

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

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

Club Member Type:

- ELC (6 weeks - 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: _____ 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 1 Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 1 Address: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 2 Address: _____

Parent/Guardian 2 Email: _____

Is either parent a Club alum? Yes No

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

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: _____

Club Member Behavioral Contract

Please review this behavioral contract with your child.

1. I understand that my child should treat themselves, and 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 understand that my child should 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 will work to encourage my child to be a positive role model to their fellow Club members.
4. I understand that my child cannot use inappropriate language while in the Club or on Club-sponsored trips. This means not swearing or being verbally abusive.
5. I understand that my child is responsible for picking up after themselves: throwing away their trash, taking home their personal belongings, and returning things where they found them.
6. I understand that my child cannot display aggressive physical behavior at any time. This includes pushing, shoving, hitting, etc., even in a "joking" way.
7. I understand that any displays of inappropriate behavior by my child, to include inappropriate contact, with other children at the Club is not tolerated.
8. I understand my child cannot bring any items into the Club that are illegal or potentially dangerous to others or themselves.
9. When using the internet at the Club, regardless of device (phone, computer, tablet, etc.), my child is to remain safe and to not go on websites that are inappropriate.
10. I understand that it is my child's responsibility to take care of (and keep track of) their 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 my child 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 maybe 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 Name

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

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 infants through pre-k children and 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.

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 – \$27,250	\$27,251- \$37,050	\$37,051 - \$51,780	\$57,781 +
2	\$0 - \$31,150	\$31,151- \$51,850	\$51,851 - \$62,220	\$62,221 +
3	\$0 – \$35,050	\$35,051 - \$58,350	\$58,351- \$70,020	\$70,021+
4	\$0 - \$38,900	\$38,901- \$64,800	\$64,801- \$77,760	\$77,761+
5	\$0 - \$42,050	\$42,051- \$70,000	\$70,001- \$84,000	\$84,001+
6	\$0 - \$45,150	\$45,151- \$75,200	\$75,201- \$90,240	\$90,241+
7	\$0 - \$48,250	\$48,251 - \$80,400	\$80,401- \$96,480	\$96,481+
8	\$0 - \$51,350	\$51,351- \$85,550	\$85,551- \$102,660	\$102,661+

- 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

2023 – 2024 School Year
Permission for Medical Treatment

Club Member's Name: _____

DOB: _____ Age: _____ Gender: _____ Card #: _____

Does your child have any known allergies? Yes No

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 _____



**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.



BOYS & GIRLS CLUB
OF GREATER NASHUA

2023 – 2024 Boys & Girls Club of Greater Nashua Closures and Key Dates

Date	Holiday/Occasion	Closure Status
8/28/2023-9/1/2023	Fall Shut Down Week	Infant, Toddler and full day Pre-K programs: Open Grades K-12 and Kindergarten Prep: Closed
9/4/2023	Labor Day	All Programs Closed
9/5/2023	Opening day for school-year programming	All Programs Open
9/12/2023	Local Voting (schools closed)	Club open for daytime hours
9/14/2023	BGCN Fundraising Event	Infant, Toddler, full day Pre-K and Kindergarten Prep: Open Grades K-12: Closed
10/9/2023	Indigenous People's Day	All Programs Closed
11/7/2023	Election Day	Club open for daytime hours
11/10/2023	Veterans Day Observance	All Programs Closed
11/22/2023	Day Before Thanksgiving	All Programs Closed for Staff Professional Development
11/23/2023	Thanksgiving	All Programs Closed
11/24/2023	Day after Thanksgiving	All Programs Closed
12/25/2023-12/29/2023	Holiday Break	All Programs Closed
1/1/2024	New Year's Day	All Programs Closed
1/15/2024	MLK Jr. Day	All Programs Closed
2/19/2024	President's Day	All Programs Closed for Staff Professional Development
2/26/2024 – 3/1/2024	Winter Break	Club open for daytime hours
4/22/2024 – 4/26/2024	Spring Break	Club open for daytime hours
5/8/2024 (Tentative)	Youth of the Year Event	To Be Determined
5/27/2024	Memorial Day	All Programs Closed
6/17/2024 – 6/21/2024	Summer Shut Down Week	All Programs Closed, subject to change based on Nashua School District calendar
6/24/2024 (Tentative)	Kickoff to Summer Camp	More information to come in early 2024
7/04/2024	4th of July	All Programs Closed

In cases of inclement weather, please note that we follow the Nashua School District's weather closing and delay schedule. We also post closings and delays on our Club's Facebook page, on Brightwheel, and on WMUR.