

Club Membership Type:

- ELC Childcare (6 weeks – Pre-K) - **\$90 Membership Fee**
- ELC Lower Elementary (K – 2nd Grade) - **\$90 Membership Fee**
- Upper Elementary (3rd – 5th Grade) - **\$90 Membership Fee**
- Tween Middle School (6th – 8th Grade) - **\$50 Membership Fee**
- Teen High School (9th – 12th Grade) - **\$50 Membership Fee**
- Summer Only (6.29.26-8.31.26) - **\$30 Membership Fee**

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 2025-2026: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EVENING TRANSPORTATION AVAILABLE for grades 3rd – 12th School Year Only \$25/ month- See front desk for more information

Identifying information for Parent/Guardian(s) 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: _____

Self-Declaration of Information Report

The information gathered on this form helps our Club provide fun and engaging activities and services for your child at the lowest possible cost to you. Please help us by filling out this form to the best of your ability. Parents or guardians should complete this form indicating all persons residing within their household, regardless of relation.

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 - \$30,850	\$30,851 - \$51,350	\$51,351 - \$72,950	\$72,951+
2		\$0 - \$35,250	\$35,251 - \$58,750	\$58,751 - \$83,400	\$83,401+
3		\$0 - \$39,650	\$39,651 - \$66,050	\$66,051 - \$93,800	\$93,801+
4		\$0 - \$44,050	\$44,051 - \$73,400	\$73,401 - \$104,200	\$104,201+
5		\$0 - \$47,600	\$47,601 - \$79,300	\$79,301 - \$112,550	\$112,551+
6		\$0 - \$51,100	\$51,101 - \$85,150	\$85,151 - \$120,900	\$120,901+
7		\$0 - \$54,650	\$54,651 - \$91,000	\$91,001 - \$129,250	\$129,251+
8		\$0 - \$58,150	\$58,151 - \$96,900	\$96,901 - \$137,550	\$137,551+

- 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 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 all members with respect.
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 or bullying at any time. This includes pushing, shoving, hitting, etc., even in a "joking" way.
7. I understand my child cannot bring any items into the Club that are illegal or potentially dangerous to others or themselves.
8. When using the internet at the Club, regardless of device my child is to remain safe and to not go on websites that are inappropriate.
9. I understand cell phone usage will only be permitted under the supervision of staff for elementary aged youth. Middle school use will also be limited.
10. I understand that it is my child's responsibility to take care of (and keep track of) their personal property.
11. The Boys & Girls Club of Greater Nashua offers 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.

Potential Consequences for Violating Club Member Behavioral Contract

- Potential consequences may include verbal redirection, temporary loss of in-Club privileges, two-day suspensions, multi-day suspensions, indefinite suspensions.

The following behaviors will trigger an automatic suspension for a minimum of two days:

- 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 (parent/guardian maybe liable for damages)

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

I understand that my child must adhere to all behavior expectations while at the Boys & Girls Club. I understand the potential consequences of not adhering to these expectations.

Parent/Guardian Signature

Date

Parent/Guardian Consents and Agreements:

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

 I understand that member orientations will be offered and participation is highly encouraged.

 I have read and acknowledge the calendar of closings/key dates included in this packet.

 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.

 If you need a replacement membership card, the fee is \$2.00

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

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

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.

Permission for Transportation: School Aged Members

Name of Child's School: _____

- I give permission for my child to travel between school and The Boys & Girls Club of Greater Nashua via First Student busses or Boys & Girls Club of Greater Nashua transportation vehicles.
- I have informed the Club of my child's scheduled days of attendance, arrival and departure times.
- I agree to notify the Club of any scheduled changes or absences. If my child is transported to the Club on First Student busses, I understand that the Club is responsible for my child only from the time they arrive at the program until they leaves the program.

Yes No

I have read and fully answered the permissions outlined above.

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. The Club 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.

2025 – 2026 School Year
Permission for Medical Treatment

Club Member's Name: _____

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

Child has allergy to: _____

Answer the following:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Child has asthma. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child has had allergy /anaphylaxis. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child may carry medicine. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain any "yes" answers above:

Medicines/Doses

Epinephrine, intramuscular (list type): _____

Antihistamine, by mouth (type and dose): _____

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

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 Doctor: _____ Phone Number: _____

Primary Care Physician's Address: _____

Preferred Hospital: _____



Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301

SPECIAL DIETARY MEDICAL STATEMENT
Please send to Student's School/Institution

Date: _____
Student Name: _____

MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN
(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)

Foods to be Avoided:

Brief explanation of how exposure to this food affects the student:

Recommended Substitute to this Food:

Signature of Licensed Medical Professional _____ Printed Name of Licensed Medical Professional _____

MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN
(Accommodation within one of the 5 food items; ex. orange served instead of an apple)

Foods to be Avoided:

Brief explanation of how exposure to this food affects the student:

Recommended Substitute to this Food:

Signature _____ Printed Name _____ Title _____

Please refer to Page 14 of USDA-FNS *ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017*

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk

TDD Access: Relay NH 711
EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES
This institution is an equal opportunity provider



For Office Use Only:

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

Club Member Full Name: _____ DOB: _____

A non-refundable Membership fee of \$90 is due at time of enrollment.

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

<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool	<input type="checkbox"/> Pre-K
6 Weeks - 18 Months 7:00am – 5:30pm \$355 / week Please select the hours your child will be in care: <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	18 months - 2 years old 7:00am – 5:30pm \$330 per week Please select the hours your child will be in care: <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	3 years old 7:00am – 5:30pm \$305 per week Please select the hours your child will be in care: <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	4 - 5 years old 7:00am – 5:30pm \$290 per week Please select the hours your child will be in care: <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
<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Before/ After School	
K-6th Grade 6:30am – 8:30am \$60 / week	K – 2nd Grade 2:30pm– 6:00pm \$100 per week	K-2nd Grade 6:30am-8:30am & 2:30pm- 5:30pm \$150 per week	

***** February and April Vacation Weeks:** \$225 per week for grades K - 2. Pre-registration required. Registration will go out January 15th for February vacation and March 15th for April vacation.

Parent/Guardian Signature

Date



Parent / Guardian Billing Agreements:

The Boys & Girls Club of Greater Nashua uses Brightwheel, a free app, for billing, communication with families, and daily updates during the day while your child is in our program.

All families must download Brightwheel to access their child's profile and billing account.

Billing & Payment Terms

- Invoices automatically go out on Friday for tuition due the following Monday
- Payments can be made via Brightwheel (Credit/Debit) or in person at front desk (Cash, Check, money order)
- Each family is allowed one vacation week each year (year is defined as September 1st 2025 –August 31st 2026)
- In event of default, ELC will hold the contracting party responsible for all costs related to collection of services
- The ELC reserves the right to terminate child care 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)

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

I understand that weekly tuition is due each Monday at 6:00pm regardless of the number of days your child attends or the number of days of school that week.

I understand that late tuition payments will result in a **\$15 late fee**.

Credit card, debit card, personal check, cash and money order will be accepted for required payments. I understand 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 programs. A **\$25 late charge** for each child picked up after program closes.

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.

I understand 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 account become current.

I understand all cancellations must be submitted in writing to the front office a minimum of two weeks in advance. You will be billed for services until written notification is received.

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

Parent/Guardian Signature

Date

Permission for Water Activities & Field Trips

The Club will provide your child with the opportunity to swim in the pool located inside of the Boys & Girls Club of Greater Nashua. Please describe your child's swimming ability and level of comfort in/around 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

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 playground/baseball fields surrounding the Boys & Girls Club: Yes No

I have read and fully answered the permissions outlined above.

Parent/Guardian Signature

Date

The State of NH requires all children attending a licensed childcare program to provide a record of health history or statement of health status at the time of childcare registration. A health form or record from your child's doctor or primary care physician should include 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 _____

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

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

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:



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: _____




Our Mission


Our mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. To achieve our mission, we reduce barriers to access, provide a safe and fun environment, foster trusting relationships with caring mentors, and build confidence to unlock potential.


We have served our community for over fifty years, thanks to support from caring community members. While Club programs have evolved throughout that time, our commitment to young people in our community has never wavered.

Values

 Never compromise safety.

 Achieve impact and excellence in all we do.

 Uplift, enable, and support others. Always.

 Embrace stewardship as everyone's responsibility.


Capital Campaign: THE POWER OF YOUTH


A campaign for the Boys & Girls Club of Greater Nashua





We are in the midst of a capital campaign that will touch all areas of the Club. This is an exciting and must needed major project that requires flexibility from Club staff, members, and families. We thank you for your patience! Please know that youth safety during the construction phase of this campaign is a priority for all Club staff.


This campaign will:

 Enhance Safety: secured entry points, restricted internal access to visitors, a robust video monitoring system, and upgraded bathrooms and locker rooms

 Expand Services: reorganization of space to increase the number of kids served in licensed childcare to 175 children daily, expansion of outdoor play spaces, new STEAM lab, increased family support

 Improve Spaces: renovation of our original kitchen to increase serving capacity, addition of dedicated mental health suite, improved and updated program spaces

 Upgrade Systems: replacement of the building systems that are past their usable lives, replacement of failing roof, improved drainage in outdoor spaces

 Ensure Sustainability: investment in our Club's endowment fund to secure the future of the Club, its programs, and access to quality care for youth



2025 – 2026 Boys & Girls Club of Greater Nashua Closures and Key Dates

Date	Holiday/Occasion	Closure Status
8/25/25-8/26/25	Staff Professional Development	All Programs Closed-Staff Training & Development
8/27/25	Opening day for ELC	All ELC Programs Open, Start of School Year Hours
8/29/25	Schools Closed	ELC Open daytime hours; 3 rd Grade & up Closed
9/1/25	Labor Day	All Programs Closed
9/2/25	Opening day for Grades 3 and up	All Programs Open
9/9/25	NH Primaries (Schools Closed)	Club Open for Daytime Hours*
9/18/25	BGCN Fundraising Event	All Programs Closed
10/13/25	Indigenous Peoples' Day	All Programs Closed for Staff Training & Development
10/22/25	Nashua School District Half Day	Early Release Hours** for Nashua Schools
11/4/25	Election Day	Club Open for Daytime Hours*
11/11/25	Veterans Day Observance	Club Open for Daytime Hours*
11/26/25	Day Before Thanksgiving	Club Open for Daytime Hours*
11/27/25	Thanksgiving	All Programs Closed
11/28/25	Day After Thanksgiving	All Programs Closed
12/10/25	Nashua School District Half Day	Early Release Hours** for Nashua Schools
12/24/25- 12/31/25	Holiday Break	All Programs Closed
1/1/26	New Year's Day	All Programs Closed
1/2/26	All Programs Closed	Staff Training & Development
1/19/26	MLK Jr. Day	All Programs Closed
2/16/26	President's Day	All Programs Closed for Staff Training & Development
2/23/26-2/27/26	Winter Break	Club Open for Daytime Hours*
3/18/26	Nashua School District Half Day	Early Release Hours** for Nashua Schools
4/15/26	Nashua School District Half Day	Early Release Hours** for Nashua Schools
4/27/26– 5/1/26	Spring Break	Club Open for Daytime Hours*
5/20/26	Nashua School District Half Day	Early Release Hours** for Nashua Schools
5/25/26	Memorial Day	All Programs Closed
6/19/26	Juneteenth	Club Open for Daytime Hours*
6/22/26-6/26/26	Summer Shut Down Week	All Programs Closed
6/29/26	Kickoff to Summer Camp	For more information visit www.bgcn.com/summer
7/3/26	4 th of July	All Programs Closed

*Daytime Hours: 7:00am-5:30pm for infants, toddlers, preschool and pre-K; 8:30am-5:30pm for grades K-12

**Early Release Hours: 7:00am-5:30pm for infants, toddlers, preschool and pre-K; opens at 12:30pm for grades K-12

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.

We cannot accommodate half-day schedules for schools outside of the Nashua School District and Gate City Charter School for the Arts.