Club Membership Type:

- ☐ ELC Childcare (6 weeks – Pre-K) - **$90 Membership Fee**
- ☐ Lower Elementary (K – 2nd Grade) - **$90 Membership Fee**
- ☐ Upper Elementary (3rd – 5th Grade) - **$90 Membership Fee**

Registration Type:

☐ New Club Member ☐ Renewing (Card #_____)

BOYS & GIRLS CLUB OF GREATER NASHUA

Licensed Childcare
6 Weeks Old – 5th Grade
One Positive Place
Nashua, NH 03060
(603) 883-0523

Club Member Full Name:_____DOB:_____

Club Member School 2026-2027:_____Grade: _____

Email Address: _____

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

Please select the Licensed Childcare programs that you would like to register your child for:

☐ Infants	☐ Toddlers	☐ Preschool
6 Weeks - 18 Months 7:00am – 6:00pm $355 per week **Please select the hours your child will be in care:** ☐ 7:00am - 4:00pm ☐ 7:30am - 4:30pm ☐ 8:00am - 5:00pm ☐ 8:30am - 5:30pm ☐ 9:00am - 6:00pm	**18 months - 3 years old** 7:00am – 6:00pm $330 per week **Please select the hours your child will be in care:** ☐ 7:00am - 4:00pm ☐ 7:30am - 4:30pm ☐ 8:00am - 5:00pm ☐ 8:30am - 5:30pm ☐ 9:00am - 6:00pm	**3 - 5 years old** 7:00am – 6:00pm $290 per week **Please select the hours your child will be in care:** ☐ 7:00am - 4:00pm ☐ 7:30am - 4:30pm ☐ 8:00am - 5:00pm ☐ 8:30am - 5:30pm ☐ 9:00am - 6:00pm

☐ Before School	☐ After School	☐ Before & After School
K – 5th Grade 6:30am – 8:30am $65 per week	**K – 5th Grade** 2:30pm – 6:00pm $115 per week	**K – 5th Grade** 6:30am-8:30am & 2:30pm-6:00pm $160 per week

*** **School Vacation Weeks:** $225 per week. Pre-registration required. Registration will go out one month in advance.

_____ _____

Parent/Guardian Signature Date

For Office Use Only:

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

For Office Use Only:

Physical & Immunization Records received

Staff Initial: _____ Date: _____

BOYS & GIRLS CLUB OF GREATER NASHUA

brightwheel

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 2026 –August 31st 2027)
- In event of default, BGCN will hold the contracting party responsible for all costs related to collection of services
- The BGCN 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 paperwork as requested by the Boys & Girls Club of Greater Nashua 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 by 6:00pm regardless of the number of days my child(ren) 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 fee** is charged 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 Boys & Girls Club of Greater Nashua until account becomes 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 Boys & Girls Club:

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

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):

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

Household Type

☐ Mother and Father
☐ Grandparent
☐ Parent and Step Parent
☐ Mother Only
☐ Father Only
☐ Other: _____

Additional State Assistance Received:

☐ Free/Reduced Lunch
☐ Housing
☐ Section 8
☐ TANF
☐ Food Stamps
☐ General Assistance
☐ Veterans Compensation
☐ SSI/SDI
☐ Medicaid

Household Information

Select the total number of people living in your household **and** select 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 select household size)

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

Child's Name: _____

_____

Parent/Guardian Signature Date

BOYS & GIRLS CLUB
OF GREATER NASHUA

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, one-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 media.

☐ 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 (school year only)

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 buses 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 buses, I understand that the Club is responsible for my child only from the time they arrive at the program until they leave 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.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

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.	
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 was 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

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271-9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

☐ I give permission for child care licensing staff to speak with my child while with their class or group.

☐ 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 my permission for child care licensing staff to speak with my child while with their class or group.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

MEDICAL INFORMATION

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

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**

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth, and Families

Form 1863
February 2017

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		

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.

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

BOYS & GIRLS CLUB
OF GREATER NASHUA

2026 – 2027 Boys & Girls Club of Greater Nashua Closures and Key Dates

Date	Holiday/Occasion	Closure Status
8/24/25 – 8/25/26	Program Prep Time	All Programs Closed for Staff Training & Development
9/4/26	Nashua School District Closed	Club Open for Daytime Hours*
9/7/26	Labor Day	All Programs Closed
9/8/26	NH Primaries (Schools Closed)	Club Open for Daytime Hours*
10/12/26	Indigenous Peoples' Day	All Programs Closed for Staff Training & Development
10/21/26	Nashua School District Half Day	Early Release Hours** for Nashua Schools
11/3/26	Election Day	Club Open for Daytime Hours*
11/11/26	Veterans Day Observance	Club Open for Daytime Hours*
11/25/26	Day Before Thanksgiving	Club Open for Daytime Hours*
11/26/26	Thanksgiving	All Programs Closed
11/27/26	Day After Thanksgiving	All Programs Closed
12/9/26	Nashua School District Half Day	Early Release Hours** for Nashua Schools
12/23/26	Nashua School District Closed	Club Open for Daytime Hours*
12/24/26 – 12/25/26	Christmas Eve/Day	All Programs Closed
12/28/26 – 12/31/26	Nashua School District Closed	Club Open for Daytime Hours*
1/1/27	New Year's Day	All Programs Closed
1/18/27	MLK Jr. Day	All Programs Closed
2/15/27	President's Day	All Programs Closed for Staff Training & Development
2/22/27 – 2/26/27	Winter Break	Club Open for Daytime Hours*
3/17/27	Nashua School District Half Day	Early Release Hours** for Nashua Schools
4/14/27	Nashua School District Half Day	Early Release Hours** for Nashua Schools
4/26/27 – 4/30/27	Spring Break	Club Open for Daytime Hours*
5/19/27	Nashua School District Half Day	Early Release Hours** for Nashua Schools
5/31/27	Memorial Day	All Programs Closed
TBD	Summer Shut Down (Closed for 1 Week)	Exact Dates to be communicated in February based on the number of snow days. For more information on summer programming visit our website www.bgcn.com
TBD	Kickoff to Summer Camp	
7/5/27	4th of July Observed	All Programs Closed

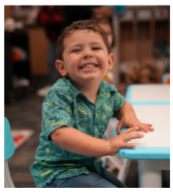
*Daytime Hours: 7:00am-6:00pm for infants, toddlers, preschool and pre-K; 8:30am-6:00pm for grades K-12

**Early Release Hours: 7:00am-6:00pm for infants, toddlers, preschool and pre-K; 12:30pm-6:00 for grades K-12

Early Bird Hours: 6:30am-8:30am for K-5. Additional fee required | Afterschool Hours for grades 6-12: 2:30pm-8:00pm

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.





BOYS & GIRLS CLUB
OF GREATER NASHUA



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

Child and Adult Care Food Program

CHILD AND/OR ADULT ENROLLMENT FORM

6 WEEKS - PRESCHOOL ONLY

Dear Parent/Guardian:

Your child / adult's day care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses Child Care Providers/Centers for nutritious meals served to children/adults in attendance. This program reimbursement supports the quality of the meal program and is beneficial to you and your child / adult because it provides nutritious meals and snacks.

Sponsoring Organization Name Boys & Girls Club of Greater Nashua

Sponsoring Organization Phone # 603-883-0523

Child Care Provider/Business Name Early Learning Center @ Boys & Girls Club ~~of Greater Nashua~~

Sponsoring Organization CACFP Representative Name Jeffrey Harvey

Annual Renewals:

Check One:

☐ I certify that the changes noted, initialed and dated below are true and accurate.

☐ I certify that the information recorded below remains true and accurate.

Parent/Guardian Signature:_____ Date:_____

***Directions*: Form must be completed by parent/guardian so that the actual time of enrollment reflects the accurate arrival and departure times each day of the child(ren) in attendance. Please ensure that this document represents the most current profile of your child(ren)'s enrollment status. Update and certify this document annually.**

Full Name of Child / Adult in Family Enrolled in CACFP	Date of Birth	Age	Time Child/ Adult Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child/ Adult Leaves for Home	Days in Care							Attendance during Vacation/ No-School Days (*Circle One*)	Meals Eaten at Child Care					
							M	T	W	Th	F	Sa	Su		Bk	AM Sn	L	PM Sn	Su	BT Sn
	/ /						☐	☐	☐	☐	☐			Y N	☐	☐	☐	☐		
	/ /						☐	☐	☐	☐	☐			Y N	☐	☐	☐	☐		
	/ /						☐	☐	☐	☐	☐			Y N	☐	☐	☐	☐		
	/ /						☐	☐	☐	☐	☐			Y N	☐	☐	☐	☐		
	/ /													Y N						
	/ /													Y N						

Please Print

Parent/Guardian/Client Name:

_____

Mailing Address

_____

Home Phone #_____

Parent/Guardian Workplaces:

Mother Phone #_____ Father Phone #_____

To the best of my knowledge all of the above information is correct.

Parent/Guardian Signature

_____

Date _____

For CACFP Representative Use Only

Sponsor Signature

_____

Effective Date of Form: _____

Check One

( ) New enrollment *( ) Annual Renewal*

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

HOUSEHOLD LETTER (Non-Pricing Programs) Dear Parent or Guardian:

For Group Child Care & Outside of School Hours Centers
Federal Fiscal Year 2026

Boys & Girls Club of Greater Nashua
(Name of Agency)

is enrolled in the CACFP, a United States Department of Agriculture (USDA) program which provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new Income Eligibility Form (IEF) each year**. **Please complete and return the attached IEF form to our office. This information will be kept strictly confidential in our files.** Only one completed IEF is required for all children in your household. Once we have properly approved your IEF as eligible, our agency will receive the higher *("Free" or "Reduced-price")* meal reimbursement rates for your enrolled children, for 12 months from the effective date regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this IEF if no one in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), and/or your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the IEF to use with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → *Complete Steps 1, 2 and 4 of IEF form*

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from SNAP, TANF, or FDPIR.

You must include the following information on the IEF for eligibility based on receiving benefits from SNAP, TANF, or FDPIR:

(Step 1) The names of your enrolled children;
(Step 2) Case Number for the benefit your household receives; &
(Step 4) The signature of an adult member in the household & signature date

- DO NOT list case numbers for:
  - Medicaid, SSI, OR NH Childcare Scholarship AND
  - DO NOT list EBT Card number

Determining Eligibility by Household Size and Income → *Complete Steps 1, 3 and 4 of IEF form*

Household-Size Income Scale (Effective July 1, 2025 to June 30, 2026)

Household Size	Annual Income Level (at or below)
1	$28,953
2	$39,128
3	$49,303
4	$59,478
5	$69,653
6	$79,828
7	$90,003
8	$100,178
For each additional Household Member, add:	+$ 10,175

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates *("Free" or "Reduced-price" meal rate)* for your children. **For determining eligibility based on your household size and income, you must include the following information on the IEF in Step 3:**

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
(b) Income received by each household member identified by source of income and its pay frequency;
(c) Total number of household members;
(d) The signature of an adult member of the household and signature date; and
(e) The last four digits of the social security number of the adult household member signing the IEF or an indication they do not have a social security number.

- Disclosure of United States citizenship immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below, if applicable. **The respective documentation is required for these children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.**

- **Foster children:** Your completed IEF with the 'Foster Child' box checked next to your foster children's name(s). When including them on your IEF completed for your non-foster child(ren), any income reported for your foster child(ren) must only be for their personal use. Your foster child(ren) will then be eligible at the "Free" meal rate. Your non-foster child(ren)'s eligibilities will be based on the benefits or income information provided on your household's completed IEF form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement:

The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the IEF is only for your foster child(ren); you list a case number for receiving benefits from SNAP, TANF, or FDPIR; or when the household member signing the IEF checks "None" for not having a social security number.

Sharing Eligibility Information:

Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or Expanded Children's Medicaid for ensuring their access to free or low cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this IEF does not automatically enrolled your children in these programs. If you do not want your information to be shared with these programs, notify us in writing. **This notification will not change whether your children's meals are eligible for reimbursement.** Your eligibility information provided on the IEF may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the USDA Non-Discrimination Statement and Complaint Filing Procedure (https://www.fns.usda.gov/civil-rights/nds).
USDA is an equal opportunity provider, employer, and lender.

Christine Lessard
Signature of Agency Representative

Revised 6/2025

6 WEEKS - PRESCHOOL ONLY

FFY 2026 CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: ◯ SNAP ◯ TANF

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The **"Sources of Income for Children"** chart will help you with the Child Income section.

The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often? Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	◯	◯	◯	◯

B. All Adult Household Members (Including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often? Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	How often? Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly	Bi-Weekly	Monthly	2x Month
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X - X X - _ _ _ _

Check if no SSN ☐

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult			Today's Date
Address	City	State	Zip	Phone/Email

6 WEEKS - PRESCHOOL ONLY

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often? Weekly ○ Bi-Weekly ○ Monthly ○ 2x Month ○

Household size

Categorial Eligibility ☐

Eligibility: Free ○ Reduced ○ Denied ○

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date