



BOYS & GIRLS CLUBS
OF CENTRAL NEW HAMPSHIRE



Serving Concord, Suncook, Weare, Warner, Hopkinton, Franklin, Sutton, & Lakes Region
Main office located at 55 Bradley Street, Concord, NH, 03301 Hours are 8:00am-4:00pm
Phone (603) 224-1061 Fax (603) 224-5943
Website www.centralnhclubs.org

2018-2019 SCHOOL YEAR

This is not a school event

Mailed, faxed or e-mailed applications will not be processed.

Holderness—Central School—Grades K-8

CHOOSE YOUR PROGRAM

Holderness
\$70.00/week

Holderness
\$15.00/daily

Member _____ Date of Birth ___/___/___ Age ____ Gender: Male Female
(Member's Last Name) (Member's First Name)
Home Phone _____ Mailing Address _____ City, State Zip _____
School _____ Grade in fall 2018 _____

CONTACT INFORMATION: No verbal requests to change contact list will be accepted. All changes must be in writing and can either be e-mailed or faxed to the club.

If NOT Authorized to Pickup is checked, please provide documentation regarding this request.

Parent/Guardian#1 _____ Cell #: _____ Work # _____

Relationship to Member _____ Employer _____ Email: _____

Primary Contact Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Parent/Guardian #2 _____ Cell #: _____ Work # _____

Relationship to Member _____ Employer _____ Email: _____

Primary Contact Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Contact #3 _____ Relationship _____ Primary Phone _____

Primary Contact Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Contact #4 _____ Relationship _____ Primary Phone _____

Primary Contact Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Contact #5 _____ Relationship _____ Primary Phone _____

Primary Contact Emergency Contact Authorized to Pickup NOT Authorized to Pickup

MEDICAL INFORMATION: If any **prescribed** or **over the counter medication** will need to be taken while the member is at the club, a medication authorization form **must** be completed.

Name/Phone of Member's Doctor: _____

Does member wear a medic-alert tag? No Yes. If yes, please describe _____

Allergies (drugs, foods, insect stings, etc.) No Yes If yes, please describe _____

Recent Injuries, Illnesses, Operations, etc. No Yes If yes, please describe _____

Physical Disabilities or Chronic Conditions No Yes If yes, please describe _____

Psychological, Emotional or Behavioral Disorders No Yes If yes, please describe _____

Is there anything else we should know about member's physical or emotional condition? No Yes If yes, please describe _____

Does the Member take medication? No Yes Will your member need to take medication while at the Club? No Yes

If yes, please list all medications & dosages. _____

Staff Use Only: Member ID # _____ Date Invoiced: _____ Staff Initials: _____

*****WAIVERS AND RELEASE OF LIABILITY AND AUTHORIZATION FOR MINORS*****

In consideration of being allowed to participate in anyway in the Boys & Girls Clubs of Central NH and related events and activities, the undersigned agrees:

- As the parent or legal guardian of the participant I will instruct the minor participant that prior to participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Boys & Girls Clubs of Central NH, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Boys & Girls Clubs of Central NH recreational program or related events and activities.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Boys & Girls Clubs of Central NH will be notified in advance of any changes in the member's health status that may affect the member's needs during club activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND REALEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

Photo Authorization: I, Parent or Legal Guardian, give/grant the Boys & Girls Clubs of Central NH permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the Boys & Girls Clubs of Central NH. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

Parent/Guardian Signature _____ Date _____

Club/School Communication: I give permission for the Boys and Girls Clubs of Central NH to openly communicate with school officials and teachers regarding my child's academic and behavioral development; and I authorize the school officials and teachers to release information about my child to the representative(s) of the Boys and Girls Clubs of Central NH in order to provide my child with the best possible service.

Parent/Guardian Signature _____ Date _____

Transportation Authorization: The Boys & Girls Clubs of Central NH may also transport my child on field trips. I understand that the child care program is responsible for my child only from the time he/she arrives at the program services site until he or she leaves the program.

Parent/Guardian Signature _____ Date _____

First Aid: I give permission for my child to receive basic first aid treatment. (Band-Aid, icepack, etc).

Parent/Guardian Signature _____ Date _____

Emergency Medical Transportation: I give permission for the Boys and Girls Club of Central NH to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature _____ Date _____

ATTENTION: The Boys & Girls Club of Central NH operates State of NH Child Care Licensed Facilities and Licensed-Exempt Facilities.

The State of NH Child Care Licensed facilities include Andover, Bradley Street, Christa McAuliffe, Hopkinton, Franklin, Eastman, Weare, Suncook, Laconia, Sutton, Warner.

The Licensed-Exempt sites include Broken Ground-Mill Brook and Sutton.

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. Statement 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 ext. 9025. "During visits to programs, licensing staff speak with children regarding the care they receive at a 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 with 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."; and "if licensing staff believes your child may have specific information regarding an alleged event at the 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: a. I give permission to the child care licensing staff to interview my child at the childcare program separate from his or her class or group; b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group; c. I do not give my permission for child care licensing staff to interview my child at the childcare program separate from his or her class or group."

ADDITIONAL INFORMATION

Ethnicity:

- Caucasian
- African American
- Hispanic
- Asian
- American Indian
- Alaska Native
- Native Hawaiian

Child Lives With:

- 2 Birth Parents
- 1 Birth Parent
- 1 Birth and 1 Step
- 1 Birth & 2nd Adult
- Adoptive Parent(s)
- Foster Family
- Other

Does Family Utilize:

- Free School Lunch
- Reduced School Lunch
- Gov. Housing
- TANF/WIC
- Food Stamps
- General Assistance

Number of Children in Household

Total Number in Household

Household Income (check one)

- Under \$14,999
- \$15,000-19,999
- \$20,000-24,999
- \$25,000-29,999
- \$30,000-34,999
- \$35,000-39,999
- \$40,000-44,999
- \$45,000- 49,999
- \$50,000-54,999
- \$55,000-59,999
- \$60,000-64,999
- \$65,000-69,999
- \$70,000-74,999
- Over \$75,000

PROGRAM GUIDELINES: Must be completed with a staff member when dropping off application
Mailed, faxed, or e-mailed applications will not be processed.

**PARENT/
GUARDIAN
INITIAL**

General Information

A \$10.00 non-refundable registration fee is due with this application.

Physical and Immunization records must be dated **6/16/2017** or more recent and must be on file at the Club. If this information is not attached to the application, it may be faxed by you or your child's doctor to Michelle Magee, Membership Coordinator at (603) 224-5943, or scanned and e-mailed to magee@centralnhclubs.org.

If the member needs to take **prescription medication** while at the club, we require signed documentation by the child's physician specifying the medication name, dosage, and any special instructions. The medication must be in the original container.

Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's instructions.

If a **parenting plan or any court documents** are in place prohibiting a parent/guardian or any other contact listed on the application a copy of any court documents must be provided to the Club. If there are no documents in place, a letter written by the primary parent/guardian must be provided stating your reason why this person(s) are prohibited from picking up the member. **If, at any time there are changes, the Club must be notified.**

The only form of payment that will be accepted is a valid credit/debit card. A Credit Card Payment Authorization Form must be completed at the time of registration. Payments will automatically be charged on Monday's for the previous week's attendance. **Fees are not prorated.**

Your child may not attend if your account becomes delinquent. Also, you will not be able to register for future programs until the balance is paid.

Any and all items brought to the club from home must be labeled with the child's name **as the club is not responsible for lost or stolen items.**

During **vacation weeks** (December, February, and April) we ask a parent/guardian to escort child inside the club each and every morning.

On field trip days, please have your child at the club by 8:30a.m. If the child is late for any reason, the club may choose for the child to be sent home. **No child will be dropped off at the field trip site unless arrangements have been made in advance with the unit director.**

Parents are responsible for sending the child with both a lunch and snacks (nut free), water, and appropriate footwear for the day's activities.

Clubs are open until 6:00pm . Late pick-up charges are \$5.00 for first 10 minutes and \$1.00 for each minute thereafter and **must be paid at time of pick-up.**

As the person responsible for this child, I acknowledge that I have reviewed, understand and agree to adhere to all of the policies outlined above. I understand that failure to adhere to these policies may result in my child losing their Boys & Girls Clubs membership.

Parent/Guardian Name (Printed) _____ Parent/Guardian Signature _____ Date _____

Staff Name (Printed) _____ Staff Signature _____ Date _____

PAYMENT INFORMATION

Registration fee (non-refundable) \$10.00		STATE PAYERS	Weekly Fee	Vacation Fee	STATE CHILD CARE ASSISTANCE	Payment Received (staff use only)
Holderness weekly fee \$70.00	\$70.00	Step 1	\$5.00	\$15.00	<input type="checkbox"/> <u>state contract reviewed and signed by parent/guardian and staff member</u>	Registration Fee: \$ _____
Holderness daily fee \$15.00	\$15.00	Step 2	\$10.00	\$20.00		Weekly Fee: \$ _____
Less Scholarship as determined by Staff (for weekly fee members only)		Step 3	\$15.00	\$25.00		Daily Fee: \$ _____
Additional member in household discount \$10.00 (for weekly fee members only)		Step 4	\$20.00	\$30.00	<input type="checkbox"/> <u>caregiver handbook reviewed and given to parent/guardian</u>	Total Received: \$ _____
Adjusted weekly fee		Step 5	\$25.00	\$35.00		
Vacations— weekly fee plus an additional \$40.00 (for weekly fee members only)		Step 6+	\$30.00	\$40.00		
Vacations— (for daily fee members only) Vacation Fees are not prorated.	\$110.00					