



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

Dear Boys & Girls Clubs of Greater Manchester Families,

As you have experienced, Boys & Girls Clubs of Greater Manchester prides itself on the quality of care and services we provide to all members and their families. In order to retain quality staff members and the level of summer programming our families are used to, we had to make the difficult decision to raise our weekly fees by \$10. This increase allows us to improve our starting hourly rate to maintain our competitiveness in the job market, continue hiring exceptional employees, and the ability to continue providing safe and fun programming. In addition, this change also allows us the ability to offset the rising operational cost of running high-quality programs at our Club and Camp Foster.

Despite all of this, we are still offering financial assistance opportunities, and encourage each family to apply. We will do our best to help as many families as we can, as we know the importance of our programs in the community.

As always, the Club offers opportunities throughout the summer where families can participate and/or apply for support:

- The *Food Pantry* is available every Wednesdays from 3-6pm at the Union Street Clubhouse. Through the Food Pantry, families can secure meat, dairy, dry goods, and more.
- Fresh Start Mobile Market is available on Thursdays from 4-6pm providing families with fresh vegetables to purchase.
- *Mental Health Counseling* through our partnership with The Mental Health Center of Greater Manchester.

If you have any questions or concerns or want to learn more about these opportunities, please contact Antonio or JR.

Thank you,

Antonio Feliciano
Director of Operations
603.625.5031 ext. 238

JR Linden
Director of Finance
603.625.5031 ext. 222

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

555 Union Street, Manchester NH 03104
(603) 625-5982

FOR OFFICE USE

Date Received: _____

Amount Paid: _____

Staff: _____

Receipt #: _____

Membership Application

July 1, 2025 – June 30, 2026

\$25 first child / \$20 second child / \$15 third child

Membership fees are non-refundable

Military Parent in Household

MEMBER INFORMATION		
First Name:	Middle Name:	Last Name:
Nickname:	Birth Date:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____	Member Status: <input type="checkbox"/> New Member <input type="checkbox"/> Former Member	
Ethnicity (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> European <input type="checkbox"/> Other: _____		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Home Address:		
City:	State:	Zip:
School in Fall 2025:		Grade in Fall 2025:

FAMILY/GUARDIAN INFO	
Legal Guardian First Name:	Legal Guardian Last Name:
Relation to Child:	Primary Cell Phone:
Primary Email Address:	Secondary Phone:
Legal Guardian Employer:	Work Number:

Secondary Legal Guardian First Name:	Secondary Legal Guardian Last Name:
Secondary Legal Guardian Relation to Child:	Secondary Legal Guardian Cell Phone:
Secondary Legal Guardian Employer:	Secondary Legal Guardian Work Phone & Email:
Members Lives With: <input type="checkbox"/> Both <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	

MEDICAL DISABILITY
Please explain medical, physical, emotional, or behavioral issues: _____

Please check all that apply:

Asthma Diabetes Hearing Impairment Visual Impairment ADHD
 Autism Seizures Anxiety/Depression Oppositional Defiant Disorder Learning Disability
 Other: _____

Allergies: _____

*Medications to be administered while attending BGCGM Program: _____

***Medication Form MUST be completed by physician and parent**

EMERGENCY CONTACT PERSON(S)

You are required to list **two additional people, who are not listed above as guardians** who live nearby and could assume responsibility for your child if you cannot be reached immediately in an emergency.

Name	Relation to Child	Cell Phone
_____	_____	_____
_____	_____	_____

The following people are allowed to pick up my child:

Name	Relation to Child	Cell Phone
_____	_____	_____
_____	_____	_____

The following people are NOT allowed to pick up my child. Please submit any supporting legal documentation stating person cannot pick up.

Name	Relation to Child	Cell Phone
_____	_____	_____
_____	_____	_____

I agree to follow the rules and policies explained in the Member Behavioral Expectations of Boys & Girls Clubs of Greater Manchester (BGCGM). I realize that membership to BGCGM is a privilege, and if my child/children or myself, can't follow the rules and policies, the Club membership could be in jeopardy, leading to possible removal. I understand that if a member is suspended or expelled from BGCGM's programs, a refund is not guaranteed and is at the discretion of management. I understand that under the behavior management protocol, BGCGM reserves the right to suspend a member from the program and bussing effective the next day, so it is my responsibility to make alternative care arrangements in advance. I know BGCGM has an open-door policy for their Union Street Clubhouse for members in grades 6-12.

I understand that:

- BGCGM Union Street Clubhouse is not subject to licensure under RSA 170-E:4. Parents or guardians must go through the Director of Programs & Leadership or the Assistant Director of Programs & Leadership at 603.625.5031 with all grievances concerning the Club's program, who will inform the appropriate Club contact.
- Photographs in which my child appears have the chance to be used in Club marketing materials, promotions, recognition, displays, and other Club-related publicity. In addition, the Club can upload all photographs and videos in which my child may appear on official BGCGM social media sites and websites.
- Members whose parents/guardians give permission to attend a Club field trip, consent to their child potentially having their photograph/video taken by the host of the field trip during the activity.
- My child will have the opportunity to complete Club surveys used to measure the effectiveness of the Club program.
- I realize my child/children may participate in activities and programs that are physical and, as a result, may be at risk for injury. In consideration for being allowed to participate in any activities, I agree to assume such risk and further agree to hold harmless BGCGM, its staff, and volunteers from any claims, suits, losses, or related causes of actions for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the program.
- The Club Tax ID is on receipts given at the time of payment, or you can access information in your Procure account. Year-end tax statements are not provided but can be found in your Procure account.
- For member security and safety, individuals in our facilities and riding in our vehicles may be under video surveillance.
- Grade K-Grade 5 members are not allowed to use their internet-capable devices while at the Club, and grade 6-12 members are permitted under staff supervision. All members using a Club internet-capable device will only be allowed under staff supervision and is subject to site filtering.
- Continued membership to BGCGM is determined based on the child's behavior and the behavior of the parent/guardian.
- If I need to withdraw my child from a program, a two-week written notice is required.
- The membership fee is non-refundable.

School Program Payments: All weekly fees are due on Friday for school program payments. If payments are late, a \$10 late fee will be added to your account. If you are late three times you will be required to enroll in autopay with a valid checking/savings account or credit/debit card. If autopay is declined twice, your only option to remain in the program is to pre-pay the fees for the remainder of the year. If you miss your payment two weeks in a row, we will remove your child/children from our program. Payments can be made through your account at myprocare.com, in person, or by calling the office.

Summer Program Payments: All weekly fees are due on Monday for summer program payments. If payments are late, a \$10 late fee will be added to your account. If your payment and late fee are not paid by the end of day on Wednesday, your deposit will be forfeited, and your spot will not be held. Payments can be made through your account at myprocare.com, in person, or by calling the office.

Guardian Signature: _____ Date: _____

Please direct any questions regarding your account to
 Kim Kuehl, Office Manager, at 625-5982 x225 or kkuehl@bgcgm.org

Total Number Living in Household: _____

Please Circle your total household income below

Family Income	\$0-\$21,000	\$21,001-35,000	\$35,001-55,950	\$55,951+
---------------	--------------	-----------------	-----------------	-----------



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

BOYS & GIRLS CLUBS OF GREATER MANCHESTER
2025 SUMMER PROGRAM DAY CAMP
ENTERING GRADES K-7

Camper's Name: _____

Check only the weeks you are currently paying for in the proper column – whether you are paying the deposit only or the week in full. No weeks are reserved without payment.

Week	Dates	Paid in Full	Deposit Only	Balance Due
1	June 23 – 27	<input type="checkbox"/>	<input type="checkbox"/>	June 9
2*	June 30 – July 3	<input type="checkbox"/>	<input type="checkbox"/>	June 16
3	July 7 – 11	<input type="checkbox"/>	<input type="checkbox"/>	June 23
4	July 14 – 18	<input type="checkbox"/>	<input type="checkbox"/>	June 30
5	July 21 – 25	<input type="checkbox"/>	<input type="checkbox"/>	July 7

Week	Dates	Paid in Full	Deposit Only	Balance Due
6	July 28 – August 1	<input type="checkbox"/>	<input type="checkbox"/>	July 14
7	August 4 – 8	<input type="checkbox"/>	<input type="checkbox"/>	July 21
8	August 11 – 15	<input type="checkbox"/>	<input type="checkbox"/>	July 28
9	August 18 – 22	<input type="checkbox"/>	<input type="checkbox"/>	August 4
10	August 25 – 29	<input type="checkbox"/>	<input type="checkbox"/>	August 11

- Summer program is \$210 a week. Each week paid in full, at the time of registration, will receive a \$10 discount. This discount does not apply to members who are receiving financial assistance.
- *Week 2 is a 4-day week, due to the holiday. This week is \$165.
- A \$25 deposit is due at the time of registration for each week requested that is not paid in full to hold your spot. The balance of that week is due by the date above, and on your receipt.

PHYSICIAN'S STATEMENT & IMMUNIZATION RECORD

State law requires BGCGM to collect and file medical examinations and immunization records for every camper. We do not keep medical records from previous years. All medical documents are due at the time of registration. If you do not have them, we will be unable to register your child/children for the summer program. There are no exceptions!

Please note any medical or physical problems our staff should be aware of:

FOR OFFICE USE ONLY

Membership Fee: _____ Receipt #: _____ Date: _____ Staff: _____

Camp Fees: _____ = Total Amount Paid \$ _____

Camper's Name: _____

GUARDIANS – IMPORTANT – PLEASE READ CAREFULLY.

- I understand the Boys & Girls Clubs of Greater Manchester (BGCGM) expects all campers to abide by the rules designed to create a safe and fun summer experience for all campers.
- BGCGM reserves the right to suspend or expel a camper from immediate or future attendance when necessary. I understand that if a member is suspended or expelled from BGCGM's programs, a refund is not guaranteed, and at the discretion of management.
- I acknowledge that supervision at the Union Street Clubhouse begins at **6:30am and ends at 6:00pm**. I am responsible for dropping off and picking up my camper during supervision hours. I agree to pay a late fee of \$1 for every minute I pick up my camper after 6:00pm. (Example: You pick-up at 6:10pm, you will owe \$10 in late fees. 6pm - 6:10pm = 10 minutes; 10 minutes x \$1/minute = \$10). After the second offense, I acknowledge that my camper may be suspended for the current week and the remainder of the summer.
- Requests for cancellations of a given week must be submitted in writing and received at least two weeks before the start date of the week requested for cancellation. A \$10 per week/per child cancellation fee will be applied. Requests received after two weeks will not be eligible for a refund or transfer. Requests must be emailed to Kim Kuehl at kkuehl@bgcgm.org.
- Balances are due TWO weeks before the beginning of the reserved week (see due dates on receipt and listed on the first page). BGCGM will apply a \$10 late fee to balances not paid by the due date and expected within 48 hours. (Example: For a balance due on June 9, you have until June 11, to pay your balance and late fee.) If you do not include the \$10 late fee in your late payment, we will return your payment and forfeit your camper's spot. If you do not pay within that 48-hour window, the reserved week and the full deposit will be automatically forfeited.
- Payments may be made through your child's account at myprocare.com, mailed, made in person at the Clubhouse, charged by credit card over the phone, or put in the drop box that is available at the main entrance to the Union Street Clubhouse.

PERMISSION FOR MEDICAL TREATMENT

Camper's Name: _____ Birth Date: _____ Age: _____ Sex: _____

Primary Guardian: _____ Relationship to Child: _____

Work Phone: _____ Cell Phone: _____

Secondary Guardian: _____ Relationship to Child: _____

Work Phone: _____ Cell Phone: _____

In the event the child/children's guardian cannot be contacted, please contact:

Name: _____ Phone: _____

I hereby give my permission for medical treatment deemed necessary by physicians designated by the BGCGM authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from their participation in the summer program.

Preferred Physician: _____ Preferred Hospital: _____

I understand this authorization will only occur if I cannot be contacted and provide immediate treatment. As the individual responsible for payments, I have read, understand, and agree to abide by these policies and procedures set forth by BGCGM.

Guardian Signature: _____ Date: _____

Applications can ONLY be submitted in person at the Club. Please be sure all areas of the application are completed and that you have all required documents.