



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

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

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

FOR OFFICE USE

Date Received: _____

Amount Paid: _____

Staff: _____

Receipt #: _____

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: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Seizures <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other: _____ Allergies: _____ *Medications to be administered while attending BGCGM Program: _____ *Medication Form MUST be completed by physician and parent
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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 603.625.5982 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 Procare account. Year-end tax statements are not provided but can be found in your Procare 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+
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ATTENTION SITE FAMILIES

If your child is attending one of our school-based sites: **Highland-Goffe's Falls, Jewett Street or Gossler Park**, you must complete and submit a **Child Care Registration and Emergency Information** form (which can be found inside this packet), required by the state of NH; and submit a current **Physician's Statement & Immunization Record**. We CANNOT use what was previously submitted, you must submit a new one with each registration. We will not process your registration until these two documents are submitted.



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

2025-2026 SCHOOL YEAR REGISTRATION

First two weeks of program fees must be paid at time of registration.

Member Name: _____

School the member will be attending in Fall 2025: _____

If the member is attending Highland-Goffe's Fall, Jewett Street, or Gossler Park, please proceed to Section 2 below. Do not complete Section 1.

Section 1: The following options include transportation to and/or from the Union Street Clubhouse. Please check all boxes that apply to the member listed above:

1a. Which grade will the member be attending in Fall 2025?

☐ Grade K-2 ☐ Grade 3-5 ☐ Grade 6-8

1b. What program will the member need?

GRADES K-5

☐ After School Program Only \$95/week
☐ Before School Program Only \$65/week
☐ Before & After School Programs \$130/week

GRADES 6-8

☐ After School Program Only \$55/week
☐ Before School Program Only \$55/week
☐ Before & After School Programs \$65/week

Members in grades 6-8, who don't need transportation are eligible for the one-time \$10 Tween/Teen annual membership.

Section 2: The following apply to members attending one of our sites. Please check all boxes that apply to the member listed above:

2a. Which site will the member be attending in Fall 2025?

☐ Highland-Goffe's Falls ☐ Jewett Street ☐ Gossler Park

2b. What program will the member need?

☐ After School Program Only \$95/week
☐ Before School Program Only \$65/week
☐ Before & After School Programs \$130/week
☐ Part Time – 10 Days \$200

Please note: Highland Goffe's Falls and Jewett Street members who need Before School Programming will need to be dropped off at the Union Street Clubhouse and then will be transported by BGCGM to his/her school. Gossler Park Before School Programming takes place at Gossler Park Elementary School. After School Programming will take place at the school marked above.

Amount Paid: \$ _____ **Start Date:** _____

Snow Days (7am-5pm) - No fee for program members | \$25 all others

BGCGM does our best to be open on most snow days. Pending the severity of the storm, we may be closed for the safety of our members, families, and staff. If we are closed, email alerts will be sent out via Procure. Please make sure your Procure account is always up-to-date with current contact information (email and phone).

February/April Vacation Week Camps (7am-6pm)

Weekly rates apply, but not to exceed \$100/attendee.

- ☐ Weekly payments are due by 6PM on Fridays every week regardless of the number of days your child attends or the number of days of school that week. Please see the provided Operating Calendar for when payments are due.
- ☐ A \$10 late fee will be added to all accounts paid late. Consistent late payments can be reason for suspension from the program.
- ☐ Should the Club or site be closed at the end of a week, then payments will need to be made no later than the first day the Club or site is open for the following week.
- ☐ Payments may be placed in the drop box at the program site. If paying by check, please put the member's name in the memo area of the check for clear identification. No receipt is given for payment by check. If you pay by cash, please enclose it in an envelope with the member's name on it and request a receipt from a member of the site staff.
- ☐ All cancellations must be submitted in writing to the Administrative Office. You will be billed for services until written notification is received.
- ☐ In the event of a mistake in logging your payment you must provide the canceled check or cash receipt to verify payment.
- ☐ If you choose to pay by the month, please be aware that some months may have 5 payments due during that month. It is your responsibility to make the appropriate payment for the month. Should you not make the correct payment you will receive a late payment notice for the fifth week if you forget, and you will be obligated to pay the associated late fee.
- ☐ All payments are entered, and late payment notices are prepared at the Administrative Office. All questions regarding the status of your child's account should be directed to Kim Kuehl. She can be reached at 603.625.5982, ext. 225. Please email Kim at kkuehl@bgcgm.org if you need a receipt for childcare reimbursement funds/programs.

Parent/Guardian Signature: _____ Date: _____

Our program has benefited from funding provided by the City of Manchester Community Improvement Program, through the U.S. Housing and Urban Development Community Development Block Grant Program. The Program requests income verification and other statistics from applicants. This information will not be shared and will remain confidential.

Member Name(s) _____

☐ Male ☐ Female ☐ Non-Binary ☐ Transgender ☐ Other: _____

HUD FY 2026 INCOME GUIDELINES:	2026 MEDIAN FAMILY INCOME MUST CIRCLE ONE BELOW		
	FAMILY SIZE		
	1 PERSON	\$0-24,050	\$24,051-40,050
	2 PERSON	\$0-27,450	\$27,451-45,800
	3 PERSON	\$0-30,900	\$30,901-51,500
	4 PERSON	\$0-34,300	\$34,301-57,200
	5 PERSON	\$0-37,050	\$37,051-61,800
	6 PERSON	\$0-41,960	\$41,961-66,400
	7 PERSON	\$0-47,340	\$47,431-70,950
	8+ PERSON	\$0-52,720	\$52,721-75,550

For Member Only (please check only one)	
RACE	ETHNICITY
<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> American Indian/Alaskan Native & White	
<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Other Multi Racial	

_____ Total Number Living in Household

- ☐ Female Head of Household
☐ Member Disabled

Does the member have any special/medical needs? _____

Home Address: _____

I declare that all information provided above regarding household income is true and correct. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud.

Parent/Guardian Signature: _____ Date: _____



**This consent will be shared with the Manchester School District.

MANCHESTER SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT NO. 37
20 Hecker Street
Manchester, NH 03102
Telephone: 603.624.6300 • Fax: 603.624.6337

Jennifer Chmiel
Superintendent of Schools

Diane Fitzpatrick
CEO-Boys & Girls Clubs of Greater Manchester

CONSENT FOR RELEASE OF STUDENT RECORDS

The undersigned parent/guardian or eligible student (as appropriate) hereby authorizes the release of the education records of _____ (**Name of Student**) attending _____ (**Name of School**) by the **Manchester School District** to the **Boys & Girls Clubs of Greater Manchester**.

The specific records to be released are as follows:

- *Student Attendance Records
- *Disciplinary Records
- *Quarterly Academic Report Card and related grades and course assignments
- *Other academic records available to the Boys & Girls Clubs of Greater Manchester on the MSD Aspen academic portal.

Records designated should be released and disclosed only to the **Boys & Girls Clubs of Greater Manchester** for the purpose of your child's participation in the Boys & Girls Clubs of Greater Manchester's **Academic Case Management Program**.

I understand that this consent is voluntary and will remain in effect while my son/daughter remains a member of the Club; that I am entitled to review the above education records; that I may revoke this consent at any time by notifying the Manchester School District in writing; and that any such revocation will take effect upon receipt except to the extent that records have already been disclosed in reliance upon this consent.

The Boys and Girls Club will abide by all state and federal laws in preserving the confidentiality of student data including but not limited to the Federal Educational Rights and Privacy Act (FERPA) and RSA 189:66. Any information that we learn during the course of providing services to District students will be confidentiality maintained, will not be shared with anyone outside of the organization, will not be provided to third parties for any reason (including disaggregated data) and will not be disclosed or used in any way other than for the legitimate educational purpose for which it was obtained. The Boys and Girls Club will comply with all requirements of the Board policy regarding student data confidentiality, Students 151.

Child's Name

Grade

Date

Print Name of Parent/Guardian

Signature of Parent/Guardian

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. 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:



MEMBERSHIP BEHAVIORAL EXPECTATION AGREEMENTS

Respect: I will respect myself, other members, staff, and their belongings.

Bullying: I understand that bullying will not be tolerated.

BGCGM Property: I will respect Club property and clean up after myself.

Language: I will use appropriate language and strive to always be a positive role model.

Attendance: I will only come to the Club on school days if I have attended school that day.

Substance Use: I will be substance-free when I attend the Club or participate in Club sponsored activities.

Electronics: Only Tweens and Teens may use personal electronic devices in their home bases.

Participation: I will participate in Club programs and understand that hallways and bathrooms are not program areas.

Dress Code: I will always dress appropriately, avoiding spaghetti-strap tops, exposed midriffs, exposed underwear, and hoods on my head. I must also wear sneakers when participating in gym activities.

Physical Contact: Physical contact that could potentially harm another member or staff member, or contact that is inappropriate is strictly prohibited. However, I understand that side hugs and high-fives are acceptable if mutually agreed upon by both parties.

Transportation: Utilizing BGCGM transportation – to and from school/field trips – is a privilege and may be revoked at any time due to inappropriate behavior including, but not limited to pushing to get on/off the bus, touching another member, fighting, yelling, standing or moving about the bus, vandalizing any part of the bus, etc. Suspension from BGCGM transportation results in a suspension from the Club.

Zero Tolerance for Weapons of any Kind: We have a zero-tolerance policy regarding the possession of firearms and/or items deemed as weapons, which could endanger myself, other members, and staff. Possessing these items will result in immediate expulsion.

By registering as a member, I have read and accepted the BGCGM Member Behavioral Expectation Agreements, which apply even when I am away from Club grounds on field trips or Club sponsored activities. Membership privileges may be suspended if the behavioral contract is not followed.

Boys & Girls Clubs of Greater Manchester

MEMBER BEHAVIORAL EXPECTATION CONSEQUENCES

The Boys & Girls Clubs of Greater Manchester's foremost responsibility to our members and staff is to ensure that they are safe and always treated with respect. Behavioral Expectation Agreements are clearly outlined and posted at the Union Street Clubhouse and all sites. The following are general guidelines by which all Site/Group Directors should attempt to administer fair and equitable consequences with respect to misbehavior by a member. All Site/Group Directors will attempt to evaluate each instance of member misbehavior on a case-by-case basis and apply the appropriate consequence. Member redirection and counseling will be utilized with respect to minor misbehaviors. All members and their parents/guardians have the option of appealing a behavioral consequence.

Inappropriate Member Behavior	Consequences
<i>Repeated minor misbehaviors/disrespect</i> 1 st Instance: 2 nd Instance: 3 rd Instance:	1-3 Program Day Suspension 3-5 Program Day Suspension Suspension/Conduct Committee Consideration*
<i>Physical actions, threats, or extreme verbal abuse toward another member</i> 1 st Instance: 2 nd Instance: 3 rd Instance:	1-3 Program Day Suspension 3-5 Program Day Suspension Conduct Committee Meeting*
<i>Physical actions or threats or extreme verbal abuse to staff member</i> 1 st Instance: 2 nd Instance:	1-3 Program Day Suspension Conduct Committee*
<i>Damage to Club or another member's property</i>	1-5 Program Day Suspension & Restitution
<i>Stealing from the Club, members, or staff, etc...</i>	1-5 Program Day Suspension & Restitution
<i>Misuse/inappropriate use of cell phone</i>	1-5 Program Day Suspension/Conduct Committee*
<i>Under the influence of any illegal substances in Club program</i>	Indefinite suspension/Conduct Committee*
<i>Sexual abuse or sexual misconduct</i>	Suspension/Conduct Committee*
<i>Violation of Member Agreement</i>	1-3 Program Day Suspension 3-5 Program Day Suspension Suspension/Conduct Committee Consideration*

*When a Conduct Committee meeting is required per behavior consequences, suspensions are indefinite until the meeting takes place. At this time, suspension may continue past the meeting date if deemed necessary by the Conduct Committee.

Teachable Moment (Grades K-2):

We use teachable moments as a tool to help our younger members improve their behavior. Members will receive a copy of the teachable moment or behavior write-up that will be sent home to their parent/guardian, stating the member's name, date, time, activity/area, incident details, and staff response. Members who commit an unreasonable number of Teachable Moments, or are part of an extreme incident can qualify for suspension and/or a Conduct Committee.

Conduct Committee:

A meeting that takes place when a member has been suspended where it is determined whether the member can resume attending the Club. The meeting is with parents/guardians, the suspended member, and the Club's Conduct Committee Team. At the meeting the members are given the opportunity to advocate for themselves and why they should be allowed to return to the Club after their suspension is carried out. At Conduct Committee meetings an outline of expectations will be presented to the member and the parent/guardian which must be agreed upon for that member to resume attending the Club. The failure to adhere to this behavioral plan will result in a full year suspension from the Club.



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

2025-2026 OPERATING CALENDAR

IMPORTANT DATES

- **Monday, September 8:** BSP & ASP Begin
- **Monday, January 5:** BSP & ASP Re-Open
- **Tuesday, June 16:** BSP & ASP End
- **Monday, June 22:** Summer Programs Begin

NO SCHOOL DAYS

Union Street Clubhouse is OPEN 7am-6pm

- **Tuesday, September 16:** Primary Election Day
- **Friday, October 10:** Professional Learning Day
- **Tuesday, November 4:** Election Day
- **Tuesday, November 11:** Veterans Day
- **Monday, February 16:** Presidents Day
- **Monday, March 16:** Professional Learning Day

NO SCHOOL DAYS

BGCGM Programs are CLOSED

- **Monday, October 13:** Columbus Day
- **Monday, January 19:** Martin Luther King, Jr. Day
- **Monday, May 25:** Memorial Day

VACATION & BREAK DAYS

BGCGM Programs are CLOSED

- **Wednesday-Friday, November 26-28:** Thanksgiving Break
- **December 24-January 2:** Winter Vacation

VACATION & BREAK DAYS

Union Street Clubhouse is OPEN 7am-6pm

- **Monday-Friday, February 23-27:** February Vacation*
- **Monday-Friday, April 27-May 1:** April Vacation*

*(Extra Fee Required to Attend)

Union Street Clubhouse is CLOSING Early at 5pm

- **Thursday, November 6:** Hall of Fame Celebration
- **Wednesday, December 10:** Staff Holiday Party
- **Wednesday, December 23:** Early Release Day**
- **Wednesday, February 18:** Meet the Leaders
- **Wednesday, June 10:** Awards Night

** (Closing at 6pm)

WEEKLY PAYMENTS

- **Two weeks of payments are due at time of registration.**
This will cover weeks beginning 9/8 and 9/15.
- **Accounts must be paid two weeks ahead at all times.**
For example, a payment made on 9/12 pays for the week of 9/22.

SEPTEMBER 2025				
M	T	W	T	F
			4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

FEBRUARY 2026				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

OCTOBER 2025				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

MARCH 2026				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

NOVEMBER 2025				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

APRIL 2026				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

DECEMBER 2025				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

MAY 2026				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

JANUARY 2026				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

JUNE 2026				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

IMPORTANT NOTES FROM BOYS & GIRLS CLUBS OF GREATER MANCHESTER

- ◆ The calendar dates and times mention are subject to change at any moment. If changes occur, we will send an alert via Procure to families. Please make sure your Procure account is always up-to-date with current contact information (email and phone). We will also update our Facebook page.
- ◆ Grades K-5 members must be picked up by 7pm.
- ◆ The Clubhouse is open until 8pm for Tweens & Teens beginning Monday, September 29 - Friday, April 24.
- ◆ The Clubhouse is open on most snow days, 7am-5pm. There is no fee for current members, all others are \$25 to attend.
- ◆ Late pick-up fee of \$1/minute is charged for pick-ups at closing time. A maximum of \$30 charged.
- ◆ Single day drop off service is available for Before School Program. Grades K-5: \$12 | Grades 6-8: \$10
- ◆ The Clubhouse is open for February and April vacation week camps from 7am-6pm.