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, 2026 – June 30, 2027
$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: ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Other: _____	Member Status: ☐ New Member ☐ Former Member

Ethnicity (check all that apply): ☐ Black ☐ White ☐ Hispanic ☐ European ☐ Other: _____

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Home Address:		
City:	State:	Zip:
School in Fall 2026:		Grade in Fall 2026:

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: ☐ Both ☐ Primary Guardian ☐ Secondary Guardian ☐ Grandparent ☐ 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 603.625.5982 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 at myprocare.com. Year-end tax statements are not provided but can be found in your Procare account myprocare.com.
- 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 Year Program Payments: All weekly fees are due on Friday for School Year 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 the Front Desk at 603-625-5982 or frontdesk@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+

ATTENTION SITE FAMILIES – SCHOOL YEAR PROGRAM ONLY

If your child is attending one of our school-based sites: **Highland-Goffe's Falls or Jewett Street**, 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

BOYS & GIRLS CLUBS OF GREATER MANCHESTER
2026 STEM LAUNCH LAB REGISTRATION
ENTERING GRADES 5-8

Member'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. Additionally, mark if your child needs Afternoon Supervision – for members in grade 5 only.

Week	Dates	Paid in Full	Deposit Only	Afternoon Supervision *Grade 5 only*	Balance Due
3	July 6 - 10	☐	☐	☐	June 22
4	July 13 - 17	☐	☐	☐	June 29
5	July 20 - 24	☐	☐	☐	July 6
6	July 27 - 31	☐	☐	☐	July 13
7	August 3 - 7	☐	☐	☐	July 20

- Summer Program is $325/week.
- Members in grade 5 can add Afternoon Supervision for $30/week.
- Members in grades 6-8, can join the Tween/Teen Drop-In program for Afternoon Supervision, at no charge.
- 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 member. 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: _____

Program Fees: _____ = Total Amount Paid $_____

Member's Name: _____

GUARDIANS – IMPORTANT – PLEASE READ CAREFULLY.

- I understand the Boys & Girls Clubs of Greater Manchester (BGCGM) expects all members to abide by the rules designed to create a safe and fun summer experience for all members.
- BGCGM reserves the right to suspend or expel a member 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 **8:00am and ends at 4:00pm**, unless additional fees are paid. I am responsible for dropping off and picking up my member during supervision hours. I agree to pay a late fee of $1 for every minute I pick up my member after 4:00pm. (Example: You pick-up at 4:10pm, you will owe $10 in late fees. 4pm - 4:10pm = 10 minutes; 10 minutes x $1/minute = $10). After the second offense, I acknowledge that my member 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/week/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 the Front Desk at frontdesk@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 8, you have until June 10, 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 member'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

Member'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.