



**BOYS & GIRLS CLUBS**  
OF GREATER MANCHESTER

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

**Tween/Teen Membership Application**  
**Grades 6-12 | No Transportation**

July 1, 2026 – June 30, 2027

\$10 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:<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____                |        | Member Status:<br><input type="checkbox"/> New Member<br><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 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: <input type="checkbox"/> Both <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Grandparent<br><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 Unit Director and Program Director 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 and can be found on our website. We will share information about how to locate your year-end tax statements in January.
- 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 and can be sent to [frontdesk@bgcgm.org](mailto:frontdesk@bgcgm.org).
- The membership fee is non-refundable.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please direct any questions regarding your account to the Front Desk at  
(603) 625-5982 or [frontdesk@bgcgm.org](mailto: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+ |
|---------------|--------------|-----------------|-----------------|-----------|



\*\*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**

Member Name(s) \_\_\_\_\_  
 Male    Female    Non-Binary    Transgender    Other: \_\_\_\_\_

### Income Verification Form – FY26

**Part 1. Income and Household Data:** Please select the row that represents your family size and circle the corresponding family household income\*\* range in the same row.

| NUMBER OF PERSONS IN FAMILY | FAMILY INCOME RANGE | FAMILY INCOME RANGE | FAMILY INCOME RANGE  | FAMILY INCOME RANGE |
|-----------------------------|---------------------|---------------------|----------------------|---------------------|
| ↓                           | ↓                   | ↓                   | ↓                    | ↓                   |
| <b>1 PERSON</b> →           | \$0 – \$25,800      | \$25,800 – \$43,000 | \$43,000 – \$68,800  | \$68,800+           |
| <b>2 PERSON</b> →           | \$0 – \$29,500      | \$29,500 – \$49,150 | \$49,150 – \$78,600  | \$78,600+           |
| <b>3 PERSON</b> →           | \$0 – \$33,200      | \$33,200 – \$55,300 | \$55,300 – \$88,450  | \$88,450+           |
| <b>4 PERSON</b> →           | \$0 – \$36,850      | \$36,850 – \$61,400 | \$61,400 – \$98,250  | \$98,250+           |
| <b>5 PERSON</b> →           | \$0 – \$39,800      | \$39,800 – \$66,350 | \$66,350 – \$106,150 | \$106,150+          |
| <b>6 PERSON</b> →           | \$0 – \$43,150      | \$43,150 – \$71,250 | \$71,250 – \$114,000 | \$114,000+          |
| <b>7 PERSON</b> →           | \$0 – \$48,650      | \$48,650 – \$76,150 | \$76,150 – \$121,850 | \$121,850+          |
| <b>8+ PERSON</b> →          | \$0 – \$54,150      | \$54,150 – \$81,050 | \$81,050 – \$129,700 | \$129,700+          |

*\*\*Note: Family household income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA benefits and educational benefits received by all family members living in the household. Alimony paid may be deducted.*

For example: A family of 3 with a family income of \$33,655 would be represented as:

| NUMBER OF PERSONS IN FAMILY | FAMILY INCOME RANGE | FAMILY INCOME RANGE | FAMILY INCOME RANGE | FAMILY INCOME RANGE |
|-----------------------------|---------------------|---------------------|---------------------|---------------------|
| ↓                           | ↓                   | ↓                   | ↓                   | ↓                   |
| <b>3 PERSON</b> →           | \$0 – \$33,200      | \$33,200 – \$55,300 | \$55,300 – \$88,450 | \$88,450+           |

**Part 2. Race, Ethnicity and Household Data:** Please check the race of the person applying to participate in this program next to appropriate race and designate if they identify as Hispanic or Latino, and check the household characterization(s) that apply. A number of different categories may apply; please mark all that apply.

|                                                                                  |                                                   |                                             |
|----------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <b>RACE</b>                                                                      |                                                   | <b>ETHNICITY</b>                            |
| <input type="checkbox"/> White                                                   |                                                   | <input type="checkbox"/> Hispanic or Latino |
| <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 & 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: _____                               |                                                   |                                             |
| <b>HOUSEHOLD</b>                                                                 |                                                   |                                             |
| <input type="checkbox"/> Elderly (62+ years)                                     | <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Disabled           |

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

Census Tract/Block: \_\_\_\_\_

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More than 1 Beneficiary in household – please provide names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*I declare that all information above regarding household income is true and correct. I certify that I am a US citizen or qualified alien lawfully present in the United States. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_