



BOYS & GIRLS CLUBS
OF GREATER MANCHESTER

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

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

FOR OFFICE USE

Date Received: _____

Amount Paid: _____

Staff: _____

Receipt #: _____

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
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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 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.
- 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, 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+
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ATTENTION SITE FAMILIES – SCHOOL YEAR PROGRAM ONLY

If your child is attending **Jordan Singer Youth Enrichment Center**, or 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

2026-2027 PRE-K REGISTRATION

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

Member Name: _____

BGCGM Pre-K is available to children who are 4-years-old by September 30, 2026, and are attending Kindergarten the following school year.

Which school will the member be attending Kindergarten in Fall 2027: _____

A weekly fee of \$250 applies for each child. There is no payment due on 12/25/26.

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 to the email address on file for the primary and secondary guardians. Please make sure the member's account is always up-to-date with current contact information (email and phone).

- ☐ 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 Union Street Clubhouse Administrative Office or frontdesk@bgcgm.org. 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.
- ☐ The first two weeks of programming are paid for at the time of registration. Weekly fees remain the same regardless of how many days of the week we are open, or how many days of the week a member attends.
- ☐ 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, 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 the Administrative Office, which can be reached at (603) 625-5982, ext. 225. Please email frontdesk@bgcgm.org if you need a receipt for childcare reimbursement funds/programs.

Parent/Guardian Signature: _____ **Date:** _____

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
↓	↓	↓	↓	↓
1 PERSON →	\$0 – \$25,800	\$25,800 – \$43,000	\$43,000 – \$68,800	\$68,800+
2 PERSON →	\$0 – \$29,500	\$29,500 – \$49,150	\$49,150 – \$78,600	\$78,600+
3 PERSON →	\$0 – \$33,200	\$33,200 – \$55,300	\$55,300 – \$88,450	\$88,450+
4 PERSON →	\$0 – \$36,850	\$36,850 – \$61,400	\$61,400 – \$98,250	\$98,250+
5 PERSON →	\$0 – \$39,800	\$39,800 – \$66,350	\$66,350 – \$106,150	\$106,150+
6 PERSON →	\$0 – \$43,150	\$43,150 – \$71,250	\$71,250 – \$114,000	\$114,000+
7 PERSON →	\$0 – \$48,650	\$48,650 – \$76,150	\$76,150 – \$121,850	\$121,850+
8+ PERSON →	\$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
↓	↓	↓	↓	↓
3 PERSON →	\$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.

RACE	ETHNICITY	ADDRESS: _____ _____
☐ White	☐ Hispanic or Latino	Census Tract/Block: _____
☐ Black/African American		More than 1 Beneficiary in household – please provide names:
☐ Asian		1. _____
☐ American Indian/Alaskan Native		2. _____
☐ Native Hawaiian/Other Pacific Islander		3. _____
☐ American Indian/Alaskan Native & White		4. _____
☐ Asian & White		
☐ Black/African American & White		
☐ American Indian/Alaskan Native & Black/African American		
☐ Asian/Pacific Islander		
☐ Other Multi-Racial: _____		
HOUSEHOLD		
☐ Elderly (62+ years) ☐ Female Head of Household ☐ Disabled		

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

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.	
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 was 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

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271-9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

- ☐ I give permission for child care licensing staff to speak with my child while with their class or group.
- ☐ 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 my permission for child care licensing staff to speak with my child while with their class or group.

Child Name:

Parent/Guardian Name:

Date:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

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



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

IMPORTANT DATES

- Wednesday, September 9: Pre-K, BSP & ASP Begin
- Monday, January 4: Pre-K, BSP & ASP Re-Opens
- Wednesday, June 16: BSP & ASP End
- Monday, June 21: BGCGM Summer Programs Begin

NO SCHOOL DAYS

Union Street Clubhouse & JSYEC is OPEN 7am-6pm

- Friday, October 9: Professional Learning Day
- Tuesday, November 3: Election Day
- Wednesday, November 11: Veterans Day
- Monday, February 15: Presidents' Day
- Monday, March 15: Professional Learning Day

NO SCHOOL DAYS

BGCGM Programs are CLOSED

- Monday, October 12: Columbus Day
- Monday, January 18: Martin Luther King, Jr. Day
- Monday, May 31: Memorial Day

VACATION & BREAK DAYS

BGCGM Programs are CLOSED

- Wednesday - Friday, November 25-27: Thanksgiving Break
- Thursday - Friday, December 24 - January 1: Winter Vacation

VACATION & BREAK DAYS*

Union Street Clubhouse & JSYEC is OPEN 7am-6pm

- Monday - Friday, February 22-26: February Vacation
- Monday - Friday, April 26-30: April Vacation

**Extra fee required, not applicable to Pre-K*

SPECIAL EVENTS

Union Street Clubhouse & JSYEC CLOSE at 5pm

- Thursday, November 5: Hall of Fame Celebration
- Friday, November 6: Early Release Day (K-4)**
- Wednesday, December 9: BGCGM Staff Holiday Party
- Wednesday, December 23: Early Release Day (K-4)**
- Wednesday, February 10: BGCGM Meet the Leaders
- Wednesday, June 9: BGCGM Awards Night

****Closing at 6pm for Early Release Days | Not applicable to Pre-K**

WEEKLY PAYMENTS

- **Two weeks of payments are due at the time of registration.**
This will cover weeks beginning 9/7 and 9/14
- **Accounts must be paid two weeks ahead at all times.**
For example, a payment made on 9/11 pays for the week of 9/21
- **Pre-K has an annual weekly fee, with the exception of 12/25**

IMPORTANT NOTES FROM BOYS & GIRLS CLUBS OF GREATER MANCHESTER

- **The calendar dates and times mentioned are subject to change at any moment.** *If changes occur, we will send an alert to families via the email on the membership application. Please make sure your contact information is always up-to-date (email and phone). We will also update our Facebook page.*
- Pre-K members must be picked up by 6pm.
- Grades K-5 members must be picked up by 7pm.
- The Clubhouse is open until 8pm for Tweens & Teens beginning Monday, October 5 - Friday, April 23.
- The Clubhouse & JSYEC 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: \$15 | Grades 6-8: \$13
- The Clubhouse & JSYEC is open for Manchester School District's February and April vacation weeks from 7am-6pm. BGCGM members pay their weekly fees, not to exceed \$100. Non-members pay \$100 (plus \$25 member app).

2026-2027 OPERATING CALENDAR

SEPTEMBER 2026				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

FEBRUARY 2027				
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

OCTOBER 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

MARCH 2027				
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		

NOVEMBER 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				

APRIL 2027				
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

DECEMBER 2026				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

MAY 2027				
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
31				

JANUARY 2027				
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

JUNE 2027				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25

Rev. 8.12.26