



BOYS & GIRLS CLUBS
OF CENTRAL NEW HAMPSHIRE

December 20, 2019

Dear Alton Families,

My name is Julie Rothemund, I am the Lakes Region School Age Manager for the Boys & Girls Clubs of Central NH.

The Alton School District has asked the Boys & Girls Club to operate an after school program to benefit your children & families. Our goal is to offer structured programming in an after school program environment. We offer a variety of activities such as art, STEM projects, indoor & outdoor physical activity, games, and the opportunity to complete homework.

I am writing in the hope that I can answer some of your questions:

1. My contact information is jrothemund@centralnhclubs.org
2. The contact information for the CEO is Christopher Emond, Emond@centralnhclubs.org
3. We will offer an after school program for grades K-8.
4. The program will operate on regular school days. We will not be open on early releases, teacher workshops, snow days, holidays or vacation weeks.
5. Members may attend at our main building sites in Laconia, Concord and Allenstown on vacation weeks. There are additional fees for vacation weeks. Services at these sites may be available to you on snow days, but you will need to call ahead of time to ensure that we are open.
6. Cost: \$70 per week. Daily rates available, see the attached form. See page three of our application for information regarding financial assistance options.
7. Regular hours of operation for after-school: Monday-Friday 2:47pm-6:00pm
8. We will provide an afternoon snack daily.
9. Please email your completed packet, physical exam within one year & immunization record, directly to me. You may contact me via email with questions or call 524-1235.
10. Please return your packet by January 3rd as space is limited.

We are excited about providing your children with a fantastic Boys & Girls Club experience!

Sincerely,

Julie Rothemund
SA Manager



BOYS & GIRLS CLUBS
OF CENTRAL NEW HAMPSHIRE



2019-2020 AFTERSCHOOL ENROLLMENT FORM

Staff Use Only:

Member ID # _____

Date Entered: _____

Staff Initials: _____

Alton Location

License #CCCB-06932

This is not a school event

Membership at the Boys and Girls Clubs of Central NH is a privilege. Under certain circumstances and at our sole discretion, we may choose to revoke or suspend membership from the Club at any time.

Alton Unit Grades K-8

Alton Central School located at 41 School Street, Alton, NH, 03809

The Afterschool Program is only open when school is in session.

Program is not available for early releases, teacher workshops, snow days, and school vacation weeks but is available at our Laconia location.

Member _____ Date of Birth ____/____/____ Age ____ Gender: Male Female
(Member's Last Name) (Member's First Name) non-specified

Home Phone _____ Mailing Address _____

City, State Zip _____ School _____

CONTACT INFORMATION: Please add additional names on a separate sheet of paper.

If NOT Authorized to Pickup is checked, please provide the Club copies of any supporting documentation. If there are changes, please notify the site director.

Primary Contact _____ Cell #: _____ Work # _____

Relationship to Member _____ Employer _____ Email: _____

Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Further Information _____

Secondary Contact _____ Cell #: _____ Work # _____

Relationship to Member _____ Employer _____ Email: _____

Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Further Information _____

Additional Contact _____ Relationship _____ Primary Phone _____

Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Further Information _____

Additional Contact _____ Relationship _____ Primary Phone _____

Emergency Contact Authorized to Pickup NOT Authorized to Pickup

Further Information _____

MEDICAL INFORMATION

Name/Phone of Member's Doctor: _____

Allergies (drugs, foods, insect stings, etc.) No Yes If yes, please describe _____

Recent Injuries, Illnesses, Operations, etc. No Yes If yes, please describe _____

Physical Disabilities or Chronic Conditions No Yes If yes, please describe _____

Psychological, Emotional or Behavioral Disorders No Yes If yes, please describe _____

Does the Member take medication? No Yes Will your member need to take medication while at the Club? No Yes

If any **MEDICATION** will need to be taken while the member is at the club, please see site director for additional information.

*******WAIVERS AND RELEASE OF LIABILITY AND AUTHORIZATION FOR MINORS*******

In consideration of being allowed to participate in anyway in the Boys & Girls Clubs of Central NH and related events and activities, the undersigned agrees:

- As the parent or legal guardian of the participant I will instruct the minor participant that prior to participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
- I acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- I assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- I release, waive, discharge and covenant not to sue the Boys & Girls Clubs of Central NH, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Boys & Girls Clubs of Central NH recreational program or related events and activities.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Boys & Girls Clubs of Central NH will be notified in advance of any changes in the member's health status that may affect the member's needs during club activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I HAVE READ THE ABOVE WAIVER AND REALEASE, AND AUTHORIZATION, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

Photo Authorization: I, Parent or Legal Guardian, give/grant the Boys & Girls Clubs of Central NH permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the Boys & Girls Clubs of Central NH. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

Parent/Guardian Signature _____ Date _____

Transportation Authorization: I, Parent or Legal Guardian give the Boys & Girls Clubs of Central NH permission to transport my child on field trips. I understand that the staff is responsible for my child only from the time he/she arrives at the program services site until he/she leaves the program.

Parent/Guardian Signature _____ Date _____

Sunscreen/Insect Repellent: I, Parent or Legal Guardian, give the Boys & Girls Clubs of Central NH permission to apply sunscreen/insect repellent to my child prior to going on hikes or anywhere the potential for sunburn/insect bites may occur. If my child does not have his/her own sunscreen/insect repellent, I give the staff permission to use a sunscreen/insect repellent, provided by the Club, for my child.

Parent/Guardian Signature _____ Date _____

First Aid/Emergency Medical Transportation: I, Parent or Legal Guardian give the Boys and Girls Clubs of Central NH permission to give my child basic first aid or to call for emergency medical transportation "if we determine first aid or emergency transportation is needed".

Parent/Guardian Signature _____ Date _____

ATTENTION: The State of NH Child Care Licensed Plus facility includes Bradley Street.

The State of NH Child Care Licensed facilities include, Eastman, Christa McAuliffe, Franklin, Hopkinton, Laconia, Weare, Suncook, Alton, and Warner

The State of NH Child Care Licensed-Exempt sites include Broken Ground-Mill Brook, Sutton, Andover, and Holderness

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.

Statement 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 ext. 9025. "During visits to programs, licensing staff speak with children regarding the care they receive at a 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 with 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."; and "if licensing staff believes your child may have specific information regarding an alleged event at the 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 to the child care licensing staff to interview my child at the childcare program separate from his or her class or group
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group
- I do not give my permission for child care licensing staff to interview my child at the childcare program separate from his or her class or group.

You have two options for financial assistance:

1). You may apply for financial assistance through the State of New Hampshire Child Care Assistance Program

Are you currently eligible and “linked” to the Club through the State? Yes No

If **yes**, please complete and review the Club’s State Assistance Contract with a Club staff member.

If **no**, please meet with a Club staff member to complete the State Form 2530 **AND** the Club’s State Assistance Contract.

-OR-

2). You may request financial assistance through the Boys & Girls Clubs of Central NH (see chart below for income eligibility)

To be considered for a club scholarship, you must provide proof of income for each adult in the household, including the child.

Please bring a copy of the most recent tax return, three (3) current paystubs, disability, food stamp, child support, unemployment benefits letter or other documents showing income.

Scholarship funds are limited and are awarded on a first come, first served basis.

Number of persons in home	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income
2	\$16,910 and less	\$16,911 to \$21,331	\$21,332 to \$25,752	\$25,753 to \$30,173	\$30,174 to \$34,594	\$34,595 to \$39,015	\$39,016 to \$43,436	\$43,437 and over
3	\$21,330 and less	\$21,331 to \$25,751	\$25,752 to \$30,172	\$30,173 to \$34,593	\$34,594 to \$39,014	\$39,015 to \$43,439	\$43,440 to \$47,856	\$47,857 and over
4	\$25,750 and less	\$25,751 to \$30,171	\$30,172 to \$34,592	\$34,593 to \$39,013	\$39,014 to \$43,434	\$43,435 to \$47,859	\$47,860 to \$52,276	\$52,277 and over
5	\$30,170 and less	\$30,171 to \$34,591	\$34,592 to \$39,012	\$39,013 to \$43,433	\$43,434 to \$47,854	\$47,855 to \$52,279	\$52,280 to \$56,696	\$56,697 and over
6	\$34,590 and less	\$34,591 to \$39,011	\$39,012 to \$43,432	\$43,433 to \$47,853	\$47,854 to \$52,274	\$52,275 to \$56,695	\$56,696 to \$61,118	\$61,119 and over
7	\$39,010 and less	\$39,011 to \$43,431	\$43,432 to \$47,852	\$47,853 to \$52,273	\$52,274 to \$56,694	\$56,695 to \$61,115	\$61,116 to \$65,536	\$65,537 and over
8+	\$43,430 and less	\$43,431 to \$47,851	\$47,852 to \$52,272	\$52,273 to \$56,693	\$56,694 to \$61,114	\$61,115 to \$65,335	\$65,336 to \$69,756	\$69,757 and over
Junior Program Weekly Fee	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
Junior Program Scholarship	-\$65.00	-\$60.00	-\$50.00	-\$40.00	-\$30.00	-\$20.00	-\$10.00	\$0.00
Your weekly fee	\$5.00	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00

FAMILY INFORMATION

Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian	Child Lives With: <input type="checkbox"/> 2 Birth Parents <input type="checkbox"/> 1 Birth Parent <input type="checkbox"/> 1 Birth and 1 Step <input type="checkbox"/> 1 Birth & 2nd Adult <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> Foster Family <input type="checkbox"/> Other	Does Family Utilize: <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Reduced School Lunch <input type="checkbox"/> Gov. Housing <input type="checkbox"/> TANF/WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance	Number of Children in Household _____ Total Number in Household _____	Household Income (check one) <input type="checkbox"/> Under \$14,999 <input type="checkbox"/> \$15,000-19,999 <input type="checkbox"/> \$20,000-24,999 <input type="checkbox"/> \$25,000-29,999 <input type="checkbox"/> \$30,000-34,999 <input type="checkbox"/> \$35,000-39,999 <input type="checkbox"/> \$40,000-44,999 <input type="checkbox"/> \$45,000- 49,999 <input type="checkbox"/> \$50,000-54,999 <input type="checkbox"/> \$55,000-59,999 <input type="checkbox"/> \$60,000-64,999 <input type="checkbox"/> \$65,000-69,999 <input type="checkbox"/> \$70,000-74,999 <input type="checkbox"/> Over \$75,000
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2019-2020 AFTERSCHOOL POLICY AND PROCEDURES	P/G INITIAL
A \$40.00 non-refundable registration fee is due with this application.	
A current physical with Immunization records must be on file at the club.	
If the member needs to take prescription medication while at the club, we require signed documentation by the child's physician specifying the medication name, dosage, and any special instructions. The medication must be in the original container.	
Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in it's original container and will only be administered in accordance with manufacturer's instructions.	
If a parenting plan or any court documents are in place prohibiting a parent/guardian or any other contact listed on the application a copy of any court documents must be provided to the Club. If there are no documents in place, a letter written by the primary parent/guardian must be provided stating your reason why this person(s) are prohibited from picking up the member. If, at any time there are changes, the Club must be notified.	
The only form of payment that will be accepted is a valid credit/debit card. A Credit Card Payment Authorization Form must be completed at the time of registration. Charges will be done automatically following the first day of each week that your child attends. Weekly fees are not prorated.	
Your child may not attend if your account becomes delinquent. Also, you will not be able to register for future programs until the balance is paid.	
Any and all items brought to the club from home must be labeled with the child's name as the club is not responsible for lost or stolen items.	
When attending another camp for vacations, teacher workshops, snow days, or early releases, parents are responsible for sending their child with both a lunch, snacks and anything they will need for the day(s).	
Site is open until 6pm. Late pick up is \$10.00 for any part of each 15 minutes after 6:00pm.	

As the person responsible for this child, I acknowledge that I have reviewed, understand and agree to adhere to all of the policies outlined above. I understand that failure to adhere to these policies may result in my child losing their Boys & Girls Clubs membership.

Parent/Guardian Name (Printed) _____ Parent/Guardian Signature _____ Date _____
 Staff Name (Printed) _____ Staff Signature _____ Date _____

PAYMENT INFORMATION

Registration fee (non-refundable)	\$40.00	Child Care Scholarship Previously on State <input type="checkbox"/> YES <input type="checkbox"/> NO State Letter <input type="checkbox"/> YES <input type="checkbox"/> NO Cost Share \$ _____ Step Amount \$ _____ Full Amount <input type="checkbox"/> YES <input type="checkbox"/> NO Parent/Guardian Initial _____	STATE CHILD CARE ASSISTANCE CONTRACT <input type="checkbox"/> state contract reviewed and signed by parent/guardian and staff member CAREGIVER HANDBOOK <input type="checkbox"/> caregiver handbook reviewed and given to parent/guardian	Payment Received Registration Fee: \$ _____ Total Received: \$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> charge card
Weekly fee	\$70.00			
Less Scholarship as determined by Staff				
Additional member in household discount \$10.00 (applies to \$25/week or more)				
Adjusted weekly fee				
Vacation Fee (weekly fee plus an add'l \$40.00)				

Application Review

Parent/Guardian Signature _____ Date _____
 Staff Member Signature _____ Date _____



BOYS & GIRLS CLUBS
OF CENTRAL NEW HAMPSHIRE

2019-2020 SCHOOL YEAR
Alton (Grades K-8) Afterschool Program
Daily Schedule and Fee Contract

I, _____ agree to send my child _____
parent/guardian name (please print) (please print)

to the Boys and Girls Clubs of Central New Hampshire – Alton Afterschool Program following the schedule and fee chosen (please choose one):

_____ One day use - \$15.00 for any day;
 Monday Tuesday Wednesday Thursday Friday

_____ Two day use - \$30.00 for any days;
 Monday Tuesday Wednesday Thursday Friday

_____ Three day use - \$45.00 for any days.
 Monday Tuesday Wednesday Thursday Friday

I understand that I will be charged each week the amount I have agreed to no matter if I use the club day(s) or not;

I understand that by choosing one of the above, I cannot change my schedule choice unless I give the director one months' notice;

I understand that if I send my child during a school vacation week, I will be charged my contracted rate plus an additional \$40.00 for the same amount of days used;

I understand that if I use more days than I am contracted for, I will be charged the full weekly fee.

As the parent/guardian of this child, I acknowledge that I have reviewed, understand, and agree to the policy outlined above.

Parent/Guardian signature

Date

Director's signature

Date

