



BOYS & GIRLS CLUB
OF THE NORTH COUNTRY

GREAT FUTURES START HERE.

BOYS & GIRLS CLUB OF THE NORTH COUNTRY

Physical: 2572 Route 302 Lisbon, NH 03585

Mailing: P.O. Box 111 Littleton, NH 03561

603-838-5954 | www.BGCNorthCountry.org | www.Facebook.com/BGCNC

OFFICE USE ONLY:

Date: ___/___/___ Staff Initials: _____

Amount Received \$ _____

(Circle one) Cash or Check # _____

2021-2022 AFTER SCHOOL REGISTRATION FORM

MEMBER'S INFORMATION

LAST NAME:	FIRST NAME:	GENDER:	BIRTH DATE:	AGE:
SCHOOL NAME:	HOME PHONE:	GRADE:	MY CHILD: (circle one) Cannot Swim Beginning Swimmer Proficient Swimmer	

FAMILY INFORMATION

APPLIES TO PARENTS(S)/GUARDIAN(S) - IF A PARENTING PLAN OR ANY OTHER COURT DOCUMENT(S) ARE IN PLACE, PROHIBITING A PARENT(S)/ GUARDIAN(S) FROM PICKING UP A MEMBER(S), A COPY OF THE DOCUMENT(S) MUST BE PROVIDED TO CLUB.

PRIMARY CONTACT LAST NAME:	FIRST NAME:	CELL PHONE NUMBER:	EMAIL:
RELATIONSHIP TO CHILD			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER:	PHONE:		
SECONDARY CONTACT LAST NAME:	FIRST NAME:	CELL PHONE NUMBER:	EMAIL:
RELATIONSHIP TO CHILD			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER:	PHONE:	**Person(s) who may not have contact with or pick up child:	

EMERGENCY CONTACTS

LAST NAME:	FIRST NAME:	PHONE:	RELATIONSHIP:	AUTHORIZED TO PICKUP: Yes No
LAST NAME:	FIRST NAME:	PHONE:	RELATIONSHIP:	AUTHORIZED TO PICKUP: Yes No

MEDICAL INFORMATION & RELEASE WAIVER

NOTE: IF A MEMBER NEEDS TO TAKE PRESCRIPTION MEDICATION WHILE AT THE CLUB, WE REQUIRE SIGNED DOCUMENTATION BY THE MEMBER'S PHYSICIAN SPECIFYING MEDICATION(S), DOSAGE AND ANY SPECIAL INSTRUCTIONS. IF MEMBER IS DIABETIC, HE/SHE MUST BE ABLE TO CHECK THEIR OWN SUGAR.

PHYSICIAN	ADDRESS:	
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PLEASE LIST ANY ALLERGIES, PHYSICAL DISABILITIES, CHRONIC CONDITIONS, PSYCHOLOGICAL, EMOTIONAL OR BEHAVIORIAL DISORDERS AND ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD'S PHYSICAL OR MENTAL HEALTH:

If in the judgment of the staff, my child requires medical care, I authorize and instruct the BGCNC to inform the Parent/Guardian or emergency contact listed above. If the authorized person or I cannot be promptly reached, I authorize the BGCNC to transport my child to the nearest hospital or clinic for such medical treatment. I am covered by:

NAME OF MEDICAL INSURER:		
CARD/POLICY NUMBER:	SIGNATURE:	DATE:

MINOR MEDICAL TREATMENT/SUNSCREEN APPLICATION RELEASE WAIVERS

If in the judgment of the staff, my child requires treatment for minor injuries and cuts or the application of sunscreen, I authorize the staff to administer it.

INITIAL:

TRANSPORTATION RELEASE WAIVERS

I hereby give permission for the BGCNC to transport my child to and from the Club and/or to pre-approved club activities.

INITIAL:

PARTICIPATION WAIVER

I, the parent/person having legal custody/guardianship request that said minor be accepted to attend the Boys & Girls Club of the North Country (BGCNC) program. I understand that he/she will be participating in programs (informal & instructional) such as; fitness, sports, general cardiovascular activities, swimming, hiking, overnight activities, and other programs and services, AND ACKNOWLEDGE, that these activities may involve risk of injury. I assume this risk and agree to hold harmless the BGCNC, its staff and volunteers from all claims, damages, injury or illness that occur, accidental or otherwise, during or arising from participation in program activities.

INITIAL:

PHOTO/VIDEO WAIVER

I authorize the BGCNC to use any photos or video taken of my child's participation in programs in any manner related to advertising, publicity, and public relations programs.

INITIAL:

FINANCIAL OBLIGATION

I understand that BGCNC has a dedicated group of Donors and Volunteers who help the BGCNC raise the money each year that allows us to offer our programs. Their efforts enable the Club to provide After School and Vacation programs at very reasonable cost. We ask that tuition payment be made in a timely manner. While my child is always welcome to attend the BGCNC during normal operating hours regardless of payment, I understand if tuition is overdue certain extra programs and privileges, such as after-club activities and vacation Camps, may not be available to my child until my balance is brought current or a payment plan is in place with the Executive Director.

INITIAL:

MEMBER PLEDGE

As a member of the Boys & Girls Club of the North Country, I will abide by the rules of the Club, take care of its property and the property of fellow members. I promise to respect the Club, my fellow members, and Club staff. If I break the rules of the Club, I understand that I may be suspended and/or have my membership revoked. Member's initials →

INITIAL:

I have read all the terms of enrollment and accept the terms as stated	SIGNATURE	DATE
PARENT/GUARDIAN'S NAME:		

OTHER INFORMATION

The Boys & Girls Club of North Country is an independent 501(c)(3) charity as defined by the IRS. Our funding is obtained by the generous financial support of foundations, individuals, and corporations. The following information is necessary for our records and for the funding our organization receives. These funding opportunities are critical for BGCNC to continue to provide quality programs at an affordable cost. This anonymous confidential information will not be revealed in conjunction with your name to anyone and is bundled with groups of information for funding requests.

Child's primary home is with:	Ethnicity:	Number of Children in Household:	Does Family Utilize:
<input type="checkbox"/> 2 Parents	<input type="checkbox"/> Caucasian	_____ Total Number in Household: _____	<input type="checkbox"/> Free School Lunch Program
<input type="checkbox"/> 1 Parent	<input type="checkbox"/> African American		<input type="checkbox"/> Reduce School Lunch Program
<input type="checkbox"/> 1 Parent and 1 Step Parent	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Government Housing Assistance
<input type="checkbox"/> 1 Parent and 2 nd Adult	<input type="checkbox"/> Asian		<input type="checkbox"/> TANF
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other		<input type="checkbox"/> WIC
<input type="checkbox"/> Foster Parents			<input type="checkbox"/> Food Stamps
<input type="checkbox"/>			<input type="checkbox"/> General Assistance Programs

Household Income:		Parent Active in Military:	
Check Box			
<input type="checkbox"/> Under \$14,999	<input type="checkbox"/> \$15,000-19,999	<input type="checkbox"/> Mother	
<input type="checkbox"/> \$20,000-24,999	<input type="checkbox"/> \$25,000-29,999	<input type="checkbox"/> Father	
		Parent Enrolled Student	
<input type="checkbox"/> \$30,000-34,999	<input type="checkbox"/> \$35,000-39,999	<input type="checkbox"/> Full Time Student	
<input type="checkbox"/> \$40,000-44,999	<input type="checkbox"/> \$45,000-49,999	<input type="checkbox"/> Part Time Student	
<input type="checkbox"/> \$50,000-54,999	<input type="checkbox"/> \$55,000-59,999	Parent Essential Worker:	
<input type="checkbox"/> \$60,000-64,999	<input type="checkbox"/> \$65,000-69,999	<input type="checkbox"/> Mother	
<input type="checkbox"/> \$70,000-74,999	<input type="checkbox"/> Over \$75,000	<input type="checkbox"/> Father	
<input type="checkbox"/>			

Please Check if Applicable	
<input type="checkbox"/>	Has child's family been without permanent residence?
<input type="checkbox"/>	Currently?
<input type="checkbox"/>	Within the last 12 months?

Does Child have an IEP in place?	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Child have a 1:1 or paraeducator at school?	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does BGCNC have permission to collaborate with your child's school to best support your child?	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>