



56 Mont Vernon Street, PO Box 916  
 Milford, NH 03055  
 Phone: (603) 672-1002 Fax: (603) 732-5103  
 www.svbgc.org

Application for Membership  
 Program Year 2010-2011

Applicant/Member Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender: (check)  Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Billing Information**

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<p><b>Membership Type</b> (check one)</p> <p><input type="checkbox"/> Grade K - 1</p> <p><input type="checkbox"/> Grade 2-5</p> <p><input type="checkbox"/> Grade 6-12</p>
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**Primary Contact (check appropriate):**

Mother  Father  Other (Name) \_\_\_\_\_

<p><b>Mother's Name:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Employer:</b> _____</p>	<p><b>Father's Name:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Employer:</b> _____</p>
<p><b>If Applicable Complete Info Below:</b></p>	
<p><b>Alt. Guardian/Contact:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p>	<p><b>Relationship:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Employer:</b> _____</p>
<p><b>Emergency Contacts: Please list at least one person to contact in case of emergency <i>other than Parents/Guardians listed above:</i></b></p>	
<p><b>Contact Name:</b> _____</p> <p><b>Relationship to Member:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p>	<p><b>Contact Name:</b> _____</p> <p><b>Relationship to Member:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p>

Does your employer offer matching funds for donations to nonprofit organizations?  
 (check one)  Yes  No

If yes, name(s) of employer offering matching funds: \_\_\_\_\_

How did you hear about the Club? \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY (IMPORTANT – READ BEFORE SIGNING)**

I, \_\_\_\_\_, parent/guardian, do hereby give my son/daughter permission to take part in Boys & Girls Club of Souhegan Valley programs. I, parent/guardian, hereby give permission to the Boys & Girls Club of Souhegan Valley, to obtain emergency medical treatment in case of a medical emergency when I cannot be reached. I hereby, for the applicant, myself, and executors and administrators, waive and release all rights and claims for damages, injuries, or liabilities which I have against the Boys & Girls Club of Souhegan Valley, as well as any other agency involved in connection with participation in its program activities, including transportation provided by the Boys & Girls Club of Souhegan Valley vehicles and outside agencies.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PHOTO/VIDEO RELEASE (IMPORTANT – READ BEFORE SIGNING)**

I, \_\_\_\_\_parent/ guardian, do hereby grant the Boys & Girls Club of Souhegan Valley permission to use my son/daughter’s image in any film, photographs, audio and/or videotapes taken for the purpose of informing the public about the Boys & Girls Club and its programs. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these films, photographs, audio and/or videotapes as they see fit.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PROGRAM RELEASE (IMPORTANT – READ BEFORE SIGNING)**

I, \_\_\_\_\_, parent/guardian, do hereby give my son/daughter permission to take part in Boys & Girls Club of Souhegan Valley’s SMART Moves, SMART Girls or Passport to Manhood programs. These programs provide information about problems confronting young people and provide viable solutions to help them handle challenging circumstances while avoiding risky and unhealthy behaviors.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**OPTIONAL CONSENT FOR CLUB/SCHOOL COMMUNICATIONS:**

I give permission for the staff at the Boys & Girls Club of Souhegan Valley to openly communicate with school officials and teachers regarding my child’s academic and behavioral development; and I authorize the school representatives to release information about my child to the representatives of the Boys & Girls Club of Souhegan Valley in order to provide my child with the best possible service.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**MEMBER ACKNOWLEDGEMENT (IMPORTANT – READ BEFORE SIGNING)**

I, \_\_\_\_\_, as a member (or guardian) have read and understand the rules and regulations of the Boys & Girls Club of Souhegan Valley outlined below and agree to follow them. These rules are also documented in the member handbook and on [www.svbgc.org](http://www.svbgc.org) for future reference. I also understand the Boys & Girls Club of Souhegan Valley has the right to suspend any membership if I do harm to another member or behave in a manner contrary to the rules.

**Member or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**BOYS & GIRLS CLUB**  
of Souhegan Valley

**BOYS & GIRLS CLUB OF SOUHEGAN VALLEY RULES AND REGULATIONS**

The clubhouse is a community each member is responsible for how they behave in this community. There are several things that you can do to become a positive force in our clubhouse. They are:

- ✓ Respect everything and everyone.
- ✓ Physical force will not be tolerated. Get help from an adult or walk away.
- ✓ Please respect everyone else's belongings. This includes locker space, back packs and much more.
- ✓ The adult leaders in the clubhouse are responsible for you. Showing disrespect, being rude, or striking a staff person is not acceptable.
- ✓ Swearing is not an acceptable way for speaking to others and it will not be tolerated.

When you break a rule several things may happen. You will be spoken to, you may be asked to sit out, and or your parents maybe called (usually a third offense). Suspension guidelines are as follows; First suspension is one day off, second suspension three days off, and third suspension is five days off. After the third suspension it is up to the Program Director and parent to decide if re-entry into the clubhouse is appropriate. The following actions will result in immediate suspension: disrespect of a staff person, using physical force, vandalism, and endangering someone with inappropriate contact. These are the basic rules for our club. At times we will adjust, add, or change certain things to make our club a happy one.

**BOYS & GIRLS CLUB OF SOUHEGAN VALLEY  
PAYMENT CONTRACT**

**Tuition/Fee Payment Policies:**

- A non-refundable membership fee of \$25.00 will be due annually for each child upon submission of membership application. Replacement membership card fee \$5.
- All tuition and program fees are payable in advance or at time of service. Refer to the Boys & Girls Club of Souhegan Valley Membership and Tuition Fees beginning on page 8 for details.
- Monthly Afterschool passes expire on the last calendar day of the month and are not transferable.
- Late Pick Up Fee: Any children picked up after stated program end time will be assessed a \$5 late fee after the first five minutes grace period. An additional \$1 per minute for each minute past the five minute grace period will be also be charged. For example, a child picked up at 6:20 from the afterschool program would be assessed a \$20 late fee per child, \$5 for the first 5 minutes and \$1 a minute for each additional minute.
  - All late fees are assessed per child.
  - Late fees are due when child is picked up. *Note late payment fee policy below.*
- Late Payments: Your payment will be delinquent if it is not paid on or before the day your child attends.
  - If your account is delinquent, you will receive a call from our Director of Operations or Finance Department to arrange for payment.
  - If we do not hear from you within 5 business days from this call, your child will lose their ability to attend program(s) until payment is made and a \$5 late fee will be added to your account.
  - Please know that we want to work with you to arrange for payment. We ask you call our finance office at 672-1002 if you need to discuss special circumstances.
- Returned Checks or Declined Credit Cards: a \$25 fee will be applied to your account if your payment does not clear.

*As the individual responsible for payments, I have read, understand and agree to abide by all payment policies set forth by the Boys & Girls Club of Souhegan Valley. I understand that I am responsible for all fees incurred for the days that my child/children attend. If qualified for financial assistance, I understand that I am responsible for completing all paperwork necessary for assistance and for the balance of fees for the days that my child attends.*

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Name (Please print)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

All questions regarding the status of your child's account or requests for receipts for tax purposes should be directed to Robin DeHaven, Director of Finance. For questions regarding the status of your child's application, please contact Cory Sullivan or Caitlin Hunter. All Boys & Girls Club of Souhegan staff can be reached at 603-672-1002.

CONFIDENTIAL INFORMATION

Member Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**MEDICAL INFORMATION**

For the safety of all children, we ask that parents keep all sick children home. Should a child become sick at the Club, the parent will be called and asked to make arrangements to have the child picked up. Children are not permitted to carry any medicine on their person, in their backpacks or lunch bags. Asthma inhalers are allowed to be carried by the child, but please inform the staff if you choose to do so. There will always be someone available who is certified in First Aid, and all staff members are trained and informed of the policies and procedures to follow in the event of injury or illness. The staff will take the necessary steps if your child requires emergency care. These steps are:

1. Attempt to contact the parent or guardian.
2. Attempt to contact any emergency contacts you listed on your forms.
3. If we cannot contact you, or in a life-threatening situation, an ambulance will be called, and the child will be transported to the hospital in the company of a staff member.

**Medication will not be dispensed without proper authorization. Please ask for MEDICATION ADMINISTERING PERMISSION FORM if medication is required while at Club.**

**HEALTH HISTORY** (Must be filled out completely)

*All information below will remain confidential and shared only as needed with staff interacting with your child OR in case of medical emergency.*

Does your child have any allergies? Yes  No

If yes, list allergies here: \_\_\_\_\_

Does your child take regular medication? Yes  No

If yes, please list medications and doses: \_\_\_\_\_

Does your child have any physical disabilities or chronic conditions? Yes  No

If yes, please describe here: \_\_\_\_\_

Any recent injuries/illnesses/operations we should be aware of? Yes  No

If yes, please describe here: \_\_\_\_\_

Does your child have any behavior or emotional needs? Yes  No

If yes, please describe here: \_\_\_\_\_

Is there anything else we should know about your child? Yes  No

If yes, please describe here: \_\_\_\_\_

Child's Primary Physician's Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

CONFIDENTIAL INFORMATION

**Member Name: (First)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

*This information is necessary to support the Club's grant applications and statements of need which help the Boys & Girls Club of Souhegan Valley apply for and receive support from foundations, corporations and individuals. No information specific to an individual will be shared.*

**This information is very important to us and our ability to secure funding for our programs. All information will be kept confidential. Please fill out completely!**

Member lives with (check appropriate):

- Both Parents
- Single Parent (indicate mother or father) \_\_\_\_\_
- Shared Parenting (child lives in 2 households)
- Foster Family
- Other Relative \_\_\_\_\_
- Other \_\_\_\_\_
- Both Grandparents
- Single Grandparent
- Guardian

Total Residents in Household (include all): \_\_\_\_\_

Total Children in Household (under age 18): \_\_\_\_\_

**Total Annual Household Income Level** *(check one)*

- Under \$15,000  \$15,000-19,999  \$20,000-24,999  \$25,000-29,999  \$30,000-34,999
- \$35,000-39,999  \$40,000-44,999  \$45,000 - 49,999  \$50,000 - 59,999
- \$60,000 - 69,999  \$70,000 - 79,999  \$80,000 - 89,999  \$90,000 - 99,999  over \$100,000

**Race** *(circle one)*

Caucasian    African American    Hispanic    Asian    American Indian    Multi-Racial  
 Other (please indicate) \_\_\_\_\_

**Does Family or Member Utilize:** *(check all that apply)*

- Free School Lunch       Gov. Housing       TANF       WIC/Welfare/Food Stamps

For Office Use Only:

**Mandatory Items**

- Membership Fee Paid Payment: Ck CC Cash
- Application Complete
- Waiver of Liability Signed
- Member Acknowledgement Signed
- Demographic Info Complete

Payment Contract Signed

**Optional Items**

- Meds Required
- Applied for Assistance
- Assistance Approved

Application Received : \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Card Printed \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Number: \_\_\_\_\_