



How many years has this child been a Boys & Girls Club member? \_\_\_\_\_  
 Does this child attend ongoing after school youth programs at other agencies?  Yes  No  
 If so, please list them: \_\_\_\_\_  
 Do your kids use a computer at home?  Yes  No      Internet access at home?  Yes  No

***Providing the information below will help us maintain funding for our programs!***

***Thanks for your cooperation!!***

**2017 INCOME LIMITS FOR HUD PROGRAMS**

Fitchburg-Leominster

(Effective 7/31/2017)

Median Income **\$68,600** (family of four)

**Annual Household Income:**

**Please CIRCLE the number of people in your household, including yourself- then CIRCLE your total household income for the past 12 months under the number of persons in your household.**

**1 Person**

**2 Person**

**3 Person**

**4 Person**

Over \$44,800	Over \$51,200	Over \$57,600	Over \$64,000
Equal to or less than \$44,800	Equal to or less than \$51,200	Equal to or less than \$57,600	Equal to or less than \$64,000
Equal to or less than \$28,000	Equal to or less than \$32,000	Equal to or less than \$36,000	Equal to or less than \$40,000
Equal to or less than \$16,800	Equal to or less than \$19,200	Equal to or less than \$21,600	Equal to or less than \$24,600

**5 Person**

**6 Person**

**7 Person**

**8 Person**

Over \$69,150	Over \$74,250	Over \$79,400	Over \$84,500
Equal to or less than \$69,150	Equal to or less than \$74,250	Equal to or less than \$79,400	Equal to or less than \$84,500
Equal to or less than \$43,200	Equal to or less than \$46,400	Equal to or less than \$49,600	Equal to or less than \$52,800
Equal to or less than \$28,780	Equal to or less than \$32,960	Equal to or less than \$37,140	Equal to or less than \$41,320

Please **circle** the appropriate category below:

**Race:** White, Black African/American, Asian, American Indian/Alaskan Native,  
Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & White,  
Black African American & White, Asian & White,  
American Indian/Alaskan Native & Black African American, Other Multi-Racial,

**Ethnicity:** Hispanic/Latino, Not Hispanic/Latino

**Female Head of Household?** Yes No

Lives with two parents  Single Parent (Mother / Father)  
*Please Circle*

Lives with Guardian \_\_\_\_\_  Foster parent  Lives in group home/ protective care.  
*Relationship to Member?*

Does your family receive **any** form of general assistance  Yes  No

(e.g.  TANF,  Food Stamps, Section 8, SSI, DCF assistance, MA Childcare voucher, shelter, homeless services)?

Does your child receive? Free Lunch Reduced Lunch Neither

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This program is not licensed by the Department of Early Education and Care

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

\_\_\_\_\_  
Parent Signature

I (We) would like to contribute \$ \_\_\_\_\_ to the Membership Fund to provide financial assistance to help other children attend the Club.

**\*\*\*How did you hear about our Summer Blast program?**

Walk-In  Newspaper  Facebook  Flyer  Friend / Relative

5K  Science Festival  School  Other

**READ ALL RULES CAREFULLY. YOU WILL BE RESPONSIBLE FOR ALL OF THEM.**

1. ALL MEMBERS ARE EXPECTED TO RESPECT CLUB RULES, CLUB STAFF, OTHER MEMBERS AND CLUB PROPERTY AT ALL TIMES.
2. NO MEMBERS IS ALLOWED TO “HANG OUT” OUTSIDE THE CLUB WHETHER THE BUILDING IS OPEN OR CLOSED; ALL MEMBERS ARE TO BE OFF THE PROPERTY WITHIN 5 MINUTES OF THE SUMMER BLAST CLOSING.
3. USE OR POSSESSION OF TOBACCO, ALCOHOL OR DRUGS IS STRICTLY PROHIBITED. ANYONE CAUGHT BREAKING THIS RULE WILL BE SUSPENDED INDEFINITELY AND HIS/HER PARENTS WILL BE NOTIFIED.
4. BULLYING AND/OR TEASING WILL NOT BE TOLERATED AND CONSEQUENCES WILL BE STRICTLY ENFORCED.
5. MEMBERS MUST USE APPROPRIATE LANGUAGE AT ALL TIMES.
6. FIGHTING, PLAY FIGHTING, PUSHING, SHOVING, WRESTLING, SNOW BALL FIGHTS, ETC. ARE PROHIBITED.
7. WEAPONS OF ANY KIND, INCLUDING TOY WEAPONS ARE PROHIBITED.
8. FOOD AND DRINKS ARE ALLOWED IN DESIGNATED AREAS ONLY.PLEASE THROW AWAY TRASH IN TRASH CANS.THEY ARE LOCATED THROUGHOUT THE CLUB AND OUTSIDE THE BUILDING.
9. RADIOS, CELL PHONES, IPODS, AND ELECTRONICS ARE PROHIBITED. IF WE SEE IT, WE WILL TAKE THEM FOR A DAY AND RETURN TO YOUR PARENT OR GUARDIAN WHEN YOU SIGN OUT.
10. MEMBERS SHOULD NOT BRING VALUABLES TO THE CLUB, AS THE CLUB IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS. THE FRONT DESK PERSON WILL NOT HOLD YOUR VALUABLES BEHIND THE DESK.
11. CLUB PHONES ARE FOR BUSINESS AND EMERGENCIES ONLY. SEE STAFF FOR PERMISSION.
12. GUM IS NOT ALLOWED IN THE CLUB.
13. ANY MEMBER WHO IS HAVING PROBLEMS WITH ANOTHER MEMBER OR MEMBERS SHOULD REPORT THE PROBLEM TO A STAFF MEMBER IMMEDIATELY. DO NOT TAKE THE PROBLEM INTO YOUR OWN HANDS.
14. IF YOU BECOME HURT OR ARE NOT FEELING WELL IN ANY WAY, SEE A STAFF IMMEDIATELY.
15. ALL MEMBERS SHOULD RESPECT THE CLUB PROPERTY AS WELL AS PAY RESTITUTION FOR ALL DAMAGES.
16. MEMBERS SHOULD WEAR APPROPRIATE CLOTHING AT ALL TIMES. THIS INCLUDES CLOTHING THAT IS IN GOOD TASTE, NON-REVEALING, NO NEGATIVE OR FOUL WORDING OR DESIGNS. (NO SPAGHETTI STRAPS/ SHORTS SHOULD BE LENGTH APPROPRIATE).
17. MEMBERS ARE NOT ALLOWED TO SELL OR TRADE POSSESSIONS ON CLUB PROPERTY.
18. MEMBERS ARE NOT ALLOWED TO PLAY ALONE ON THE PROPERTY OR GROUNDS. MEMBERS MUST ALWAYS BE IN AN AREA WHERE STAFF IS PRESENT.
19. MEMBERS NEED TO BE PICKED UP OR LEAVE ON TIME. IF NOT, LATE PICK UP FEES WILL APPLY.NO EXCEPTIONS
20. MEMBERS ARE EXPECTED TO PARTICIPATE IN ACTIVITIES.
21. SAFETY FIRST, USE COMMON SENSE, HAVE FUN, AND KEEP THE BOYS AND GIRLS CLUB “A POSITIVE PLACE”.

**ANY MEMBER FAILING TO COMPLY WITH THE RULES AND REGULATIONS MAY HAVE HIS/HER MEMBERSHIP REVOKED WITH NO REFUND OF MEMBERSHIP FEES.**

**WE HAVE REVIEWED THESE RULES TOGETHER**

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PARENT/GUARDIAN SIGNATURE

DATE

MEMBERS SIGNATURE

DATE

## Parent Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Fitchburg and Leominster, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

### Medical Treatment

I give permission to the Boys & Girls Club of Fitchburg and Leominster to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

### Data Collection

I give my permission to the Boys & Girls Club of Fitchburg and Leominster to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

### School Information

I give my permission to the Boys & Girls Club of Fitchburg and Leominster and Fitchburg School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting your child's school or the Boys & Girls Club in writing.

### Data Sharing

I understand that the Boys & Girls Club of Fitchburg and Leominster may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

### Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

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I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

I give my permission to the Boys & Girls Club of Fitchburg and Leominster to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

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Parent /Guardian Name (Please Print)

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Parent/Guardian Signature

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Members (Print or Signature)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Application Checklist

**\*Please Initial Boxes\* All members must provide a physical along with completed registration and payment.**

- Balance must be paid in full 1 week prior to the start of the session.
- Refund (minus deposits which are non-refundable and non-transferable) granted only if Summer Blast is notified in writing 14 days in advance. Any week cancellations must be received in writing 14 days in advance in order to avoid any fees. There will be no refunds for absent days.
- Members are not allowed to be dropped off after 10 A.M. (Please notify staff ahead if member will be late or absent).
- Members that are not signed up for the early or extended option may not be dropped off earlier than 9 a.m. or picked up no later than 5 p.m. (fees will be applied to Membership and must be paid in full in order for member to attend the following day). (Extended available for Ages 8-13 ONLY)
- Breakfast and lunch are provided and supplied by another agency.  
Please be sure to check the menu for any food allergies member may have. Member may bring his/her own lunch.
- Schedules will be available the first day. Please be aware of field trip days. Be sure to send member with sunscreen, towel and proper swim wear. (Ages 8-13 ONLY) If you would not like member to go on the field trip please do not send member to Summer Blast that day. There will not be staff left behind to supervise the member.
- Any week added to campership must be added a week in advance, space is limited.
- Members must be signed in by a parent or adult when being dropped off, as well as when being picked-up.
- Any late registrants will be charged with a \$25 late fee (NO EXCEPTIONS).

### Sessions & Fees

**Summer Blast: (9:00 – 5:00 P.M. Ages 8-13) or (9:00 – 3:00 P.M. Ages 5-7) \$150.00      \*\* per week\*\***  
**Early Arrival / Extended Day: (8:00 – 6:00 P.M Ages 8-13) or (8:00 – 9:00 A.M Ages 5-7) \$25.00      \*\*additional per week\*\***  
**Deposit Fee: \$50.00 \*\*per week registered\*\*** (This fee is to reserve members spot for the week. Deposits will be factored into your weekly fee. Balance due must be PAID IN FULL a week prior of session being attended.)

### **Juniors \*\*Ages 8-13\*\***

<input type="checkbox"/> Session 1 June 25 – June 29	<input type="checkbox"/> Session 2 July 2 – July 6	<input type="checkbox"/> Session 3 July 9 – July 13	<input type="checkbox"/> Session 4 July 16 – July 20	<input type="checkbox"/> Session 5 July 23 – July 27	<input type="checkbox"/> Session 6 July 30 – August 3
<input type="checkbox"/> 9:00 – 5:00 P.M.	<input type="checkbox"/> 9:00 – 5:00 P.M.	<input type="checkbox"/> 9:00 – 5:00 P.M.	<input type="checkbox"/> 9:00 – 5:00 P.M.	<input type="checkbox"/> 9:00 – 5:00 P.M.	<input type="checkbox"/> 9:00 – 5:00 P.M.
<b>**CLOSED JULY4th**</b>					
<input type="checkbox"/> 8:00 - 6:00 P.M. Early / Extended	<input type="checkbox"/> 8:00 - 6:00 P.M. Early / Extended	<input type="checkbox"/> 8:00 - 6:00 P.M. Early / Extended	<input type="checkbox"/> 8:00 - 6:00 P.M. Early / Extended	<input type="checkbox"/> 8:00 - 6:00 P.M. Early / Extended	<input type="checkbox"/> 8:00 - 6:00 P.M. Early / Extended

### **Sprouts \*\*Ages 5-7\*\***

<input type="checkbox"/> Session 1 June 25 – June 29	<input type="checkbox"/> Session 2 July 2 – July 6	<input type="checkbox"/> Session 3 July 9 – July 13	<input type="checkbox"/> Session 4 July 16 – July 20	<input type="checkbox"/> Session 5 July 23 – July 27	<input type="checkbox"/> Session 6 July 30 – August 3
<input type="checkbox"/> 9:00 – 3:00 P.M.	<input type="checkbox"/> 9:00 – 3:00 P.M.	<input type="checkbox"/> 9:00 – 3:00 P.M.	<input type="checkbox"/> 9:00 – 3:00 P.M.	<input type="checkbox"/> 9:00 – 3:00 P.M.	<input type="checkbox"/> 9:00 – 3:00 P.M.
<b>**CLOSED JULY4th**</b>					
<input type="checkbox"/> 8:00 - 9:00 A.M. Early Arrival	<input type="checkbox"/> 8:00 - 9:00 A.M. Early Arrival	<input type="checkbox"/> 8:00 - 9:00 A.M. Early Arrival	<input type="checkbox"/> 8:00 - 9:00 A.M. Early Arrival	<input type="checkbox"/> 8:00 - 9:00 A.M. Early Arrival	<input type="checkbox"/> 8:00 - 9:00 A.M. Early Arrival

**\$ Deposit Fee:** \_\_\_\_\_  
**\$ TOTAL:** \_\_\_\_\_  
**\$ Amount Paid:** \_\_\_\_\_  
**\$ Balance Due:** \_\_\_\_\_



Because there can be variations in the weekly dismissal arrangements, it is helpful for us to know the general plans you have made to transport **each** member at the end of the day.

We are aware that there may be occasional alterations in these plans and would ask that you notify the Intake Specialist, with a written note when those changes arise.

Please return this form with the membership application.

\_\_\_\_\_ **MEMBER NAME (Please Print)**

<b>DAY</b>	<b>Pick-up Driver's Name</b>	<b>Phone #</b>
MONDAY	1. Pick-up-	2. Approved Alternate-
TUESDAY	1. Pick-up-	2. Approved Alternate
WEDNESDAY	1. Pick-up-	2. Approved Alternate-
THURSDAY	1. Pick-up-	2. Approved Alternate-
FRIDAY	1. Pick-up-	2. Approved Alternate-

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

\_\_\_\_\_  
 Parent/Guardian Name *(Please Print)* Date

# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB**  
*of Fitchburg and Leominster*

## TO BE COMPLETED FOR AGES 8-13 ONLY Field Trip, Swimming, Canoeing and Archery Permission Slip (Please Initial)

\_\_\_\_\_  
(Member Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
I attest to the fact that member is a **NON** swimmer.

\_\_\_\_\_  
I understand that there will be no horseplay allowed or tolerated and that any unacceptable behavior could result in loss of swimming privileges.

\_\_\_\_\_  
I understand that the swimming will only be allowed when there is a **staff person and lifeguard** present.

\_\_\_\_\_  
**Member has permission to participate in canoeing activities.**

\_\_\_\_\_  
**Member has permission to participate in archery activities.  
After completing the full safety test.**

Member has permission to participate in the swimming field trips, canoeing and archery activities while attending the Boys & Girls Club of Fitchburg and Leominster, Summer Blast Program 2018. I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Fitchburg and Leominster (their Staff, Volunteers, and Directors of all liabilities).

Furthermore, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for member. However, if I cannot be reached, I hereby authorize the Boys & Girls Club of Fitchburg and Leominster to transport member to a Hospital or Medical Facility nearby, and to secure for member the necessary medical treatment.

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Cell Number)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Work Number)

\_\_\_\_\_  
(Alternate Contact Name)

\_\_\_\_\_  
(Alternate Contact Phone Number)

*Please list any allergies or medical conditions member may have.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_