B&G@21C
After School Program
SCHOOL YEAR 2019 - 2020
Mill Brook: kinder through second grade
Broken Ground: third through fifth grade

Welcome!

Afterschool care starts August 27th for pick up only
B&G@21C programming and 5:30p.m bus begin September 9th.

****IMPORTANT INFORMATION BEFORE YOU BEGIN****

What is B&G@21C?

B&G@21C is an exciting partnership between the 21st Century Community Learning Centers and the Boys & Girls Clubs of Central New Hampshire. Programs and Enrichment Classes align with school day curriculum and offering exceptional afterschool learning and learning while playing experiences.

☼ Academic time for homework, reading, math and writing.
☼ 6 - 8 week long Enrichment Specialty classes – students will sign up for these.
☼ Daily Choice programming based on the arts, leadership, community service, physical education and social recreation.

Where? Mill Brook School for grades kinder through second grade and;
Broken Ground School for third through fifth grade.

When? Monday-Friday, afterschool until 5:30 PM.

Transportation? September 9, 2019 through June 11, 2020 at 5:30p.m, as needed.

Cost? $70 per week for full program. Scholarship assistance is available.

*BGS/MBS students may attend up to 6 hours per week free of charge, however part-time students will not be eligible for care on snow cancellations or school vacation days*.

How to Join?

1) Fill out the attached program application.
2) Provide physical and immunization records dated 6/16/18 or more recent.

Contacts? Dave Parker, Mill Brook/Broken Ground Unit Director—parker@centralnhclubs.org
Susan Farrelly, 21st Century Programs—sfarrelly@sau8.org

Students must have a complete program application file before attending.

*Please be aware: If after-school programming is cancelled due to inclement weather, or a school wide event, full-time members are welcome to attend the 55 Bradley Street Clubhouse; however, they must be picked up by a parent. The 5:30p.m bus transportation home will not be available.
Part-Time Members—(6 hours or less weekly)

**B&G@21C** is available every afternoon beginning on **September 9th**. If a student wishes to attend only one or two enrichment activities a session or attend less than 6 hours each week, they would be considered part-time attendees which does not require a fee.

Enrichment Classes vary during the year and schedules will be released in September. **Please contact the coordinator for more information about sessions or with questions regarding your membership.**

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**Fees and Scholarships for Full-Time Members**—(more than 6 hours weekly)

**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 green 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 green 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.**

<table>
<thead>
<tr>
<th>Number of persons in home</th>
<th>Household Income</th>
<th>Household Income</th>
<th>Household Income</th>
<th>Household Income</th>
<th>Household Income</th>
<th>Household Income</th>
<th>Household Income</th>
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<tbody>
<tr>
<td>2</td>
<td>$16,910 and less</td>
<td>$16,911 to $21,331</td>
<td>$21,332 to $25,752</td>
<td>$25,753 to $30,173</td>
<td>$30,174 to $34,594</td>
<td>$34,595 to $39,015</td>
<td>$39,016 to $43,436</td>
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<tr>
<td>3</td>
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<td>$25,752 to $30,173</td>
<td>$30,173 to $34,593</td>
<td>$34,594 to $39,014</td>
<td>$39,015 to $43,439</td>
<td>$43,440 to $47,856</td>
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<tr>
<td>4</td>
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<td>$25,751 to $30,172</td>
<td>$30,173 to $34,592</td>
<td>$34,593 to $39,013</td>
<td>$39,014 to $43,435</td>
<td>$43,436 to $47,859</td>
<td>$47,860 to $52,276</td>
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<tr>
<td>5</td>
<td>$30,170 and less</td>
<td>$30,171 to $34,591</td>
<td>$34,592 to $39,012</td>
<td>$39,013 to $43,434</td>
<td>$43,435 to $47,854</td>
<td>$47,855 to $52,278</td>
<td>$52,280 to $56,697</td>
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<tr>
<td>6</td>
<td>$34,590 and less</td>
<td>$34,591 to $39,011</td>
<td>$39,012 to $43,432</td>
<td>$43,433 to $47,853</td>
<td>$47,854 to $52,279</td>
<td>$52,275 to $56,695</td>
<td>$56,696 to $61,119</td>
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<tr>
<td>7</td>
<td>$39,010 and less</td>
<td>$39,011 to $43,431</td>
<td>$43,432 to $47,852</td>
<td>$47,853 to $52,274</td>
<td>$52,275 to $56,696</td>
<td>$56,695 to $61,116</td>
<td>$61,116 to $65,536</td>
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<tr>
<td>8+</td>
<td>$43,430 and less</td>
<td>$43,431 to $47,851</td>
<td>$47,852 to $52,273</td>
<td>$52,274 to $56,695</td>
<td>$56,695 to $61,118</td>
<td>$61,115 to $65,335</td>
<td>$65,336 to $69,756</td>
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<table>
<thead>
<tr>
<th>Junior Program Weekly Fee</th>
<th>$70.00</th>
<th>$70.00</th>
<th>$70.00</th>
<th>$70.00</th>
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<th>$70.00</th>
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<tr>
<td>Junior Program Scholarship</td>
<td>-$65.00</td>
<td>-$60.00</td>
<td>-$50.00</td>
<td>-$40.00</td>
<td>-$30.00</td>
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<tr>
<td>Your weekly fee</td>
<td>$5.00</td>
<td>$10.00</td>
<td>$20.00</td>
<td>$30.00</td>
<td>$40.00</td>
<td>$50.00</td>
<td>$60.00</td>
<td>$70.00</td>
</tr>
</tbody>
</table>
### Contact Information:

- **Parent/Guardian #1:**
  - Relationship to Member: _______________________
  - Cell #: ___________________
  - Work #: ___________________
  - Employer: _______________________
  - Email: __________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

- **Parent/Guardian #2:**
  - Relationship to Member: _______________________
  - Cell #: ___________________
  - Work #: ___________________
  - Employer: _______________________
  - Email: __________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

- **Contact #3:**
  - Relationship: _______________________
  - Primary Phone: ____________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

- **Contact #4:**
  - Relationship: _______________________
  - Primary Phone: ____________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

- **Contact #5:**
  - Relationship: _______________________
  - Primary Phone: ____________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

### Medical Information:

- **Name/Phone of Member’s Doctor:** __________________________
- **Does member wear a medic-alert tag?**
  - Yes ☐ No ☐
  - If Yes, please describe ___________________________________________________________
- **Allergies (drugs, foods, insect stings, etc.)**
  - Yes ☐ No ☐
  - If Yes, please describe ___________________________________________________________
- **Recent Injuries, Illnesses, Operations, etc.**
  - Yes ☐ No ☐
  - If Yes, please describe ___________________________________________________________
- **Physical Disabilities or Chronic Conditions**
  - Yes ☐ No ☐
  - If Yes, please describe ___________________________________________________________

- **Psychological, Emotional or Behavioral Disorders**
  - Yes ☐ No ☐
  - If Yes, please describe ___________________________________________________________

- **Is there anything else we should know about member’s physical or emotional condition?**
  - Yes ☐ No ☐
  - If Yes, please describe ___________________________________________________________

- **Does the Member take medication?**
  - Yes ☐ No ☐
  - Will your member need to take medication while at the Club? Yes ☐ No ☐
  - If yes, please list all medications & dosages. ____________________________________________

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**2019-2020 SCHOOL YEAR***

***This is not a school event***

Mailed, faxed or e-mailed applications will not be processed.

- **Mill Brook:** kinder through second grade
- **Broken Ground:** third through fifth grade and 21st Century Programs

- **Member:** ___________________________________________________________
  - Date of Birth: ___/___/____
  - Age: _____
  - Gender: Male ☐ Female ☐
  - (Member’s Last Name) ______________________
  - (Member’s First Name) ______________________
  - Home Phone: _______________________
  - Mailing Address: ________________________________________________
  - City, State Zip: ____________________________
  - School: ___________________________________________________________
  - Grade in fall 2018: _______________________

- **Contact Information:** If a parenting plan or any other court document(s) is in place prohibiting a parent(s)/guardian(s) from picking up member(s), a copy of the document MUST be provided to B&G@21C. If, at any time there are changes made to the document, B&G@21C must be provided a copy.

- **Parent/Guardian #1:**
  - Cell #: ____________________
  - Work #: _______________________
  - Employer: _______________________
  - Email: __________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

- **Parent/Guardian #2:**
  - Cell #: ____________________
  - Work #: _______________________
  - Employer: _______________________
  - Email: __________________________
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

- **Primary Contact:**
  - Primary Contact: ☐
  - Emergency Contact: ☐
  - Authorized to Pickup: ☐
  - NOT Authorized to Pickup: ☐

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Staff Use Only:

- **Member ID #______________**
- **Date Invoiced:**__________________
- **Staff Initials:**__________________
*****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.
- We 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.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We 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 lessors 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.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE 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 __________________

Club/School Communication: I give permission for the Boys and Girls Clubs of Central NH to openly communicate with school officials and teachers regarding my child’s academic and behavioral development; and I authorize the school officials and teachers to release information about my child to the representative(s) of the Boys and Girls Clubs of Central NH in order to provide my child with the best possible service.

Parent/Guardian Signature ___________________________ Date __________________

Transportation Authorization: The Boys & Girls Clubs of Central NH may also transport my child on field trips. I understand that the child care program is responsible for my child only from the time he/she arrives at the program services site until he or she leaves the program.

Parent/Guardian Signature ___________________________ Date __________________

First Aid: I give permission for my child to receive basic first aid treatment. (Band-Aid, icepack, etc).

Parent/Guardian Signature ___________________________ Date __________________

Emergency Medical Transportation: I give permission for the Boys and Girls Club of Central NH to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

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 and Warner sites.

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: a. 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; b. I wish to be notified prior to child care licensing staff interviewing my child at the childcare program separate from his or her class or group; c. 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.”
Your child may not attend if your account becomes delinquent. Also, you will not be able to register for future programs until your account is paid in full. Charges will be done automatically following the first day of each week that your child attends.

The only form of payment that will be accepted is a valid credit/debit card. A Credit Card Payment Authorization Form must be completed with a staff member when dropping off application. Payment Received (staff use only)

<table>
<thead>
<tr>
<th>Registration fee (non-refundable)</th>
<th>$10.00</th>
<th>Payment Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Fee</td>
<td>$70.00</td>
<td></td>
</tr>
<tr>
<td>Less 21st CCLC (determined by staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less B&amp;G Club Scholarship (determined by staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional member in household discount $10.00 (applies to $25/week or more)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted weekly fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation Fee (weekly fee plus an additional $40.00)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physical and Immunization records must be dated 6/16/2018 or more recent and must be on file at the Club. If this information is not attached to the application, it may be faxed at (603) 224-5943, or scanned and e-mailed to magee@centralnhclubs.org.

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.

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.

Camps are open afterschool to 5:30pm. Late pick-up charge is $5.00 for the first 10 minutes and $1.00 for each minute thereafter and must be paid at time of pick up.

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 __________

STATE INFORMATION

<table>
<thead>
<tr>
<th>STATE PAYERS</th>
<th>Weekly Fee</th>
<th>Vacation Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>$5.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Step 2</td>
<td>$10.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Step 3</td>
<td>$15.00</td>
<td>$25.00</td>
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<tr>
<td>Step 4</td>
<td>$20.00</td>
<td>$30.00</td>
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<tr>
<td>Step 5</td>
<td>$25.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Step 6+</td>
<td>$30.00</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

STATE CHILD CARE ASSISTANCE

☐ state contract reviewed and signed by parent/guardian and staff member

PROGRAM GUIDELINES: Must be completed with a staff member when dropping off application

Mailed, faxed, or e-mailed applications will not be processed.

A $10.00 non-refundable registration fee is due with this application.

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.

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Staff Name (Printed) ___________________________ Staff Signature ________________________ Date __________

ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Caucasian □</th>
<th>African American □</th>
<th>Hispanic □</th>
<th>Asian □</th>
<th>American Indian □</th>
<th>Alaska Native □</th>
<th>Native Hawaiian □</th>
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</thead>
<tbody>
<tr>
<td>Child Lives With:</td>
<td>2 Birth Parents □</td>
<td>1 Birth Parent □</td>
<td>1 Birth and 1 Step □</td>
<td>1 Birth &amp; 2nd Adult □</td>
<td>Adoptive Parent(s) □</td>
<td>Foster Family □</td>
<td>Other □</td>
</tr>
<tr>
<td>Does Family Utilize:</td>
<td>Free School Lunch □</td>
<td>Reduced School Lunch □</td>
<td>Gov. Housing □</td>
<td>TANF/WIC □</td>
<td>Food Stamps □</td>
<td>General Assistance □</td>
<td></td>
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<tr>
<td>Number of Children in Household:</td>
<td>□ 1 Birth Parent</td>
<td>□ 2 Birth Parents</td>
<td>□ 1 Birth and 1 Step</td>
<td>□ 1 Birth &amp; 2nd Adult</td>
<td>□ Adoptive Parent(s)</td>
<td>□ Foster Family</td>
<td>□ Other</td>
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<tr>
<td>Household Income (check one):</td>
<td>Under $14,999 □</td>
<td>$15,000-19,999 □</td>
<td>$20,000-24,999 □</td>
<td>$25,000-29,999 □</td>
<td>$30,000-34,999 □</td>
<td>$35,000-39,999 □</td>
<td>$40,000-44,999 □</td>
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<td>$35.00</td>
</tr>
<tr>
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<td>$30.00</td>
<td>$40.00</td>
</tr>
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STATE CHILD CARE ASSISTANCE

☐ state contract reviewed and signed by parent/guardian and staff member

Attendance Information

Which days will member attend? □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

How will member get home? □ 5:30pm Bus Drop Off □ Pick-up □ Walker

Drop off address ___________________________

Plan for school closure

If school is cancelled for weather or other reasons, B&G @21C does not provide transportation home.

I understand that my child will be taking one of the transportation options below if school is cancelled.

☐ ___________________________ Will pick up my child □ My child will take their bus home: bus # _____

Signature ___________________________ Date ________