

PENACOOK COMMUNITY CENTER

www.penacookcommunitycenter.org

APPLICATION FOR CHILDCARE/YOUTH PROGRAMS/FAMILY MEMBERSHIP

*One form per Member

Member Name _____ Age _____ Male ___ Female ___
Street _____ City _____ Zip _____
Date of Birth _____ Home Phone _____ Work Phone _____

If Youth: With Whom Living _____

Name of Father _____ Name of Mother _____

Father's Employer _____ Mother's Employer _____

Father's Home Phone _____ Mother's Home Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Father's E-Mail Address _____ Mother's E-Mail Address _____

In Case of Emergency, Please Notify

_____ Phone _____

To the Member of Parent/Guardian thereof...please read and sign:

I hereby verify this application. I understand that the Penacook Community Center and the Center's personnel or volunteers maintain precautions against personal injury and property loss and I will not hold them responsible should either occur. I further understand that this membership may at any time be temporarily suspended or permanently revoked if membership privileges are abused and/or the Center and its equipment is misused.

Member's Signature _____ Date _____

Parent Guardian Signature _____ Date _____

ANNUAL MEMBERSHIP DUES

___ One Person \$35.00 ___ Two Person \$55.00 ___ Family \$65.00

MEMBERSHIP BENEFITS

PCC Childcare/Youth Programs Membership:

- Low childcare tuition rates and multiple child discounts;
- Summer camp participation, low tuition rates and multiple child discounts;
- 50% off gym rental rates (for birthday parties, baby showers, graduation parties, dances, etc.);
- Free Open Gym Night participation.

PCC Family Membership also includes:

Adult Aerobics, Adult Co-ed Volleyball and Adult Hip Hop Dance Class.

FAMILY INCOME

(Note: The data requested below is held in the strictest confidence and is used solely for the purpose of providing statistical information to the United Way and other funding sources).

___ Up to \$15,000 ___ \$15,001 - \$25,000 ___ \$25,001 - \$35,000 ___ \$35,001 - \$50,000 ___ \$50,001 +

Total number of family members in your household: _____

For office use only:

Date Paid: _____ Receipt Number: _____ Amount Paid: _____

Membership Expiration Date: _____ Staff Signature: _____