



2019 February and April School Vacation Camps

LOCATION: Sunset Heights Elementary School, 15 Osgood Street, Nashua, New Hampshire

DATES: February 25 - March 1, 2019
April 22 - April 26, 2019

TIME: 6:40 A.M. - 6:00 P.M

COST: Full Time - \$215.00 per week for the first child / \$183.00 for each additional
Part-Time - \$50.00 per day, per child (Available Monday through Thursday only.)

ENROLLMENT INFORMATION

- **FEBRUARY AND APRIL VACATION CAMP APPLICATIONS** are accepted *via U.S. MAIL ONLY starting on January 22, 2019.*
- **IN-PERSON APPLICATIONS** submitted at our 4 Lake Street, Nashua, New Hampshire office are accepted **starting January 29, 2019.**
- **SPACE IS LIMITED.** Adventure Camp is filled on a first come, first served basis. When enrolling clearly identify all days your child(ren) will be in attendance.
- **WE WILL NOT BE SERVING BREAKFAST.** Your child may bring breakfast with them to eat at the program (in addition to their morning snack and lunch). We provide afternoon snacks.
- **PROGRAM CLOSSES AT 6:00 P.M.** A late fee of **\$1.00 per minute** will be charged to your account for any pick-ups after 6:00 P.M. and may jeopardize future participation, if reoccurring.
- **All past due accounts must be brought current in order to enroll your child for Adventure Camp.** Questions? Call our Billing Office at 882-9080 x 2214 or 2202.
- **A \$15.00 processing fee and \$100.00 tuition deposit for each camp week is required to be paid at the time you submit your application.** The processing fee and tuition deposits are non-refundable / non-transferable. Upon confirmation of enrollment, notification of your remaining balance due will be sent to you.
- If you receive child care assistance through the State of New Hampshire, a portion of your vacation camp costs may be covered. For more information, please call Debi at 882-9080 x 2212.
- **QUESTIONS?** Contact Christina Bunis at 882-9080 x2238.

Please make checks payable to:

“Nashua Adult Learning Center”

Mail enrollment packet and fees to:

ATTN: Adventure Camp
Adult Learning Center
4 Lake Street
Nashua, NH 03060

WHAT TO BRING TO CAMP DAILY

1. Appropriate clothing for outside play. *Please label all items.*
2. A morning snack and lunch (including a drink). We provide afternoon snacks. Please do not pack any food selections that require refrigeration and/or heating, as we do not have the capability to do either during our camp week. Additionally, please do not pack any glass bottles or containers.
3. Smiles, and a fun attitude! 🤗

WHAT IS OUR CAMP SCHEDULE?

There are several activities for the campers to participate in while attending Adventure Camp in February and April! Activities such as outdoor play, clubs, arts and crafts, games, STEM enrichment and more!

An example of our camp day is as follows:

- 6:40 AM: Campers begin to arrive, sign up for clubs, activities and free play.
- 9:00 AM: Morning snack time for all campers. *(Campers provide)*
- 10:30 AM: Campers participate in morning clubs and activities.
- 11:45 AM: Lunch and siesta time! Campers are encouraged to bring a book or work on any homework they were assigned to complete over vacation.
- 12:30 PM: Campers participate in outdoor activities. *(Weather permitting)*
- 1:30 PM: Campers participate in afternoon clubs and activities.
- 3:00 PM: We provide an afternoon snack for all campers, and time is given for free play.
- 6:00 PM: Camp is closed for the evening.

FIELD TRIP INFORMATION

Friday, March 1, 2019 ***Roller Kingdom***

Rental of Roller skates and/or inline skates (blades) is included in the camp cost for all campers. All campers are required to be wearing (or bring) socks in order to participate in skating. Campers may bring up to \$20 to purchase lunch and/or snacks at the skating rink, however, we will return to Sunset Heights by 12:30 PM to eat lunch for those who do not wish to eat at the skating rink. *(Estimate times: 9:30 AM–12:30 PM)*

Friday, April 26, 2019 ***To Be Determined***

We are currently working to secure a location for our April field trip. More information will be made available to parents on the Monday starting our April camp week.

(Please note, field trips are subject to change at any time, with prior notification to parents.)



**PLEASE COMPLETE AND RETURN THIS PAGE ALONG WITH A COMPLETED
TUITION EXPRESS FORM**

A \$15.00 processing fee and \$100.00 tuition deposit for each camp week is required to be paid at the time you submit your application. The processing fee and tuition deposits are non-refundable / non-transferable.

Child's Name: _____ D.O.B: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 School: _____ Grade: _____
 Parent/Guardian Name: _____ Daytime Phone: (____) _____ - _____
 Email: _____

SCHEDULE: We are not a "drop in" service. You are required to pay for your child's spot, whether or not your child is in attendance.

February Camp	Full Time? Monday – Friday 2/25/19 to 3/1/19 <input type="checkbox"/>	Part Time ? (Check all days that apply)		Estimated drop off time? ____ AM	Estimated pick up time? ____ PM
		Monday 2/25/19	<input type="checkbox"/>		
		Wednesday 2/27/19	<input type="checkbox"/>		
		Thursday 2/28/19	<input type="checkbox"/>		
April Camp	Full Time? Monday – Friday 4/22/19 to 4/26/19 <input type="checkbox"/>	Part Time ? (Check all days that apply)		Estimated drop off time? ____ AM	Estimated pick up time? ____ PM
		Monday 4/22/19	<input type="checkbox"/>		
		Wednesday 4/24/19	<input type="checkbox"/>		
		Thursday 4/25/19	<input type="checkbox"/>		

PERMISSION TO ATTEND FIELD TRIPS (FULL TIME PARTICIPANTS ONLY)

By signing in the designated areas below, you acknowledge and provide permission for your child to be bused to and from Sunset Heights Elementary School to participate in the prescheduled field trips on each Friday of the February and April vacation week camps. If you do not wish your child to participate in the prescheduled field trips, you are required to make alternative child care arrangements on those Fridays.

Roller Kingdom on 03/01/2019 Signed: _____
 To Be Determined on 04/26/2019 Signed: _____

* TURN OVER TO COMPLETE ENROLLMENT FORM *

Do you currently have a linked Tuition Express account on file with our Billing Department? If you request your on-file account be utilized for your Adventure Camp deposit and tuition, please fill out the following authorization:



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD or BANK ACCOUNT

I (we) hereby authorize (business name) Nashua Adult Learning Center to initiate charges to my on-file Tuition Express account associated with my *(please check the appropriate box below)*:

- previously provided personal credit card ending in _ _ _ _ ; or
- previously provided checking or savings account ending in _ _ _ _ .

I authorize the automatic withdrawal of the \$15.00 registration fee plus \$100.00 per camp week deposit in the total amount of \$_____ to be charged to the above referenced account. I also authorize the automatic withdrawal of the balance due for the February and April vacation camp week tuition on the date listed on my confirmation sheet. I understand if my payment information changes, I am required to fill out a new Tuition Express form and provide it to the Billing Office prior to the required payment due date.

Authorized Signature

Date

If you do not have a linked account, please find out the attached Tuition Express form and attach it to your Adventure Camp application.

NOTE TO PARENTS AND/OR GUARDIANS

The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Childcare 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. Statements 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 in 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.

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 for child care licensing staff to interview my child at the child care 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 child care 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 child care program separate from his or her class or group.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Please make checks payable to:

"Nashua Adult Learning Center"

Mail enrollment packet and fees to:

ATTN: Adventure Camp
Adult Learning Center
4 Lake Street
Nashua, NH 03060



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Nashua Adult Learning Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

*** I authorize the automatic withdrawal of the initial camp registration fee, plus the deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of my weekly: February, April or Summer camp payments on the due dates stated on my application. (Circle camps that apply)

SECTION A (Credit Card)

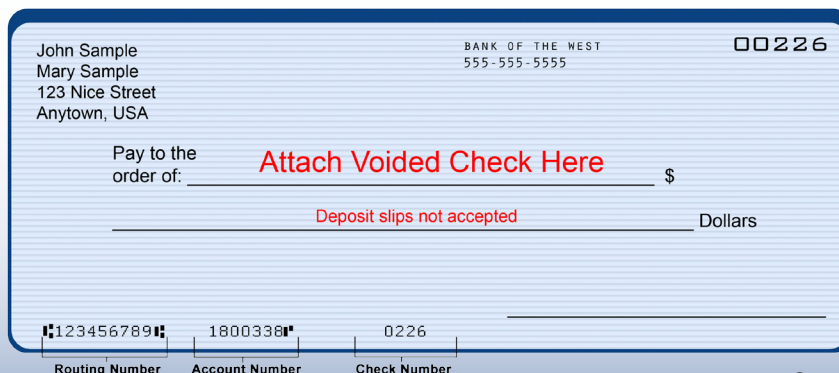
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

For Official Use Only

Date Received
Employee Signature



A service of

