



ENROLLMENT CHECKLIST

All of the items are required to complete your child's enrollment:

- Enrollment / Emergency form (completed and signed)
- Tuition Agreement (signed)
- Tuition Express payment agreement form (completed and signed)
- New copies of your child's immunization records and annual physical
- Registration Fee of \$55.00 per family (non-refundable)
- Two (2) weeks paid tuition

Weekly Rate:	<u>A.M. Only</u>
1 child	\$ 70.00
2 children*	\$ 129.50
3 children*	\$ 189.00

Daily Rate:	<u>A.M. Only</u>
	\$ 14.00

*A fifteen percent (15%) discount is extended to families with multiple students attending our program on a full-time basis (Monday through Friday). Discounted pricing reflected under "2 children / 3 children" above. Discounts do not apply to those students attending part-time.

If your enrollment packet is received incomplete: our office will provide one courtesy call to you. If we do not hear back from you, your enrollment packet will be returned. Incomplete packets may result in a waitlist status.

TO AVOID DELAY OF YOUR CHILD'S ENROLLMENT, PLEASE INCLUDE ALL ABOVE LISTED ITEMS BY THE REQUIRED DUE DATE.

Please make checks payable to:	"Nashua Adult Learning Center"
Mail enrollment packet and fees to:	Nashua Adult Learning Center 4 Lake Street Nashua, NH 03060 ATTN: School Age Care

Questions? Call 603/882-9080 x2212 for more information.



Fall, 2018

Dear Parents:

Welcome to School Age Adventures! Please remember to register your student by Monday, October 8, 2018 to start on the first day of our program on October 15, 2018.

FIRST DAY OF PROGRAM

Mont Vernon : October 15, 2018

IMPORTANT REMINDERS FOR PARENTS

PLEASE READ ALL DOCUMENTS CONTAINED WITHIN THIS ENROLLMENT PACKAGE BEFORE REGISTERING YOUR CHILD SO YOU ARE UP TO DATE ON ALL POLICY AND PROCEDURE CHANGES. THANK YOU.

- **ENROLLMENT PACKETS ARE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS.** Prior program participation does not guarantee your child's eligibility for the new school year. To secure your child's spot, all documents and fees listed on the attached "*Enrollment Checklist*" must be submitted at the time of registration.
- During the first two weeks of participation in our School Age Adventures program, *no changes may be made to your child's schedule*. When enrolling your child, please ensure you clearly identify all days they will be in attendance in our program during the first two weeks.
- Part-time spots are limited and accepted on a first come, first served basis.
- Everyone, including prior School Age Adventures participants, must submit a new enrollment packet with copies of health forms in order to be eligible for the 2018/2019 school program year.
- If your enrollment packet is received incomplete, our office will provide one courtesy call to you. If we do not hear back from you, your enrollment packet will be returned. Incomplete packets may result in a waitlist status.
- Completed enrollment packets are processed and a confirmation will be sent via mail to the eligible child's parent and/or guardian.
- "*School Age Adventures 2018– 2019 Family Handbooks*" will be available at the programs.

Your feedback is important to the success of our program. Please call me at 882-9080 x 2242 if you have any concerns. For more information, visit our website at nashuaalc.org.

Sincerely,

Lois Parsons

Adventure Club Coordinator

MEDICAL INFORMATION

Please list any chronic medical conditions or allergies that are important for us to know in case of sudden illness or injury. If your child requires any medications to be dispensed during our program hours, you must list the information and instructions below.

If your child requires medication, we must have it in our possession **before your child's first day of attendance**: The medication in its original container, medical orders from your child's doctor, and Authorization to Administer Medication form signed by a parent or guardian, and a photo of your child for identification purposes.

PERMISSION TO POST ALLERGY INFORMATION

New Hampshire State Licensing Regulations requires your signature for Adult Learning Center employees to maintain your child's allergy information in an area accessible to all staff in the event of an emergency. ***I hereby give the Adult Learning Center permission to maintain my child's allergy information in an accessible area to all staff members for use in the event of an emergency.***

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the Adult Learning Center / School Age Adventures (Adventure Club) to give my child, _____ simple first aid when necessary or, in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. Parents will be responsible for all costs incurred in such emergencies.

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

PERMISSION TO PHOTOGRAPH

The Adult Learning Center / School Age Adventures (Adventure Club) requests permission to photograph your child, record your child on tape, or audio-visually, while participating in our program for the following purposes: arts and crafts projects, bulletin board displays, participation in program plays or talent shows, use in our brochures, marketing tools, newspaper articles, slide shows, web site advertising or other forms of advertisements. ***I hereby give the Adult Learning Center permission to use my child's photograph in its materials and audiovisual presentations. I agree that the photographs become the exclusive property of the Adult Learning Center and I waive all rights thereto.***

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

The Adventure Club is an independent program sponsored by the Adult Learning Center. We are licensed by the New Hampshire Bureau of Child Care Licensing. We are not affiliated with the public schools. We rent school space from the school district.

Acknowledge with your signature below

PRINT NAME: _____

SIGNATURE: _____ Date: _____

SOCIAL / OTHER INFORMATION

What do we need to know in order to help your child be successful in our program?

LOCAL EMERGENCY CONTACTS / ADDITIONAL PICK-UP INFORMATION

Other than Parent/Guardian. You MUST provide at least one person below. Photo identification must be presented at pick-up. No exceptions.

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

UNAUTHORIZED TO PICK UP

Legal documentation must be provided to our office if biological parent

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

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: _____



2018 - 2019 TUITION AGREEMENT – MONT VERNON

THIS FORM MUST BE SIGNED AND RETURNED WITH ENROLLMENT PACKET

- During the first two weeks of participation in the School Age Adventures program, *no changes may be made to your child's schedule*. When enrolling your child, please ensure you clearly identify all days they will be attending.
- Two (2) weeks tuition and a non-refundable registration fee of \$55.00 per family is required at the time of enrollment. Please refer to the *"Tuition Rates"* form for more information.
- Initial down payment and registration fee may be paid via credit card, check, money order or *"Tuition Express"*.
- Sign up for *Tuition Express* automatic payment processing is required for all families and a new Tuition Express form is required each school year. Weekly tuition payments are processed by our Billing Office via *"Tuition Express"*.
- Tuition payments are automatically withdrawn from your designated *Tuition Express* bank or credit card account each Friday, per the 2018-2019 Payment Calendar and account statements are mailed weekly.
- Payments are not accepted at the individual programs.
- All schedule changes must be called into our School Age Adventures office at 882-9080 x 2212. Do not report changes in your child's schedule directly to the individual programs.
- We require a one-week notice to implement permanent schedule changes. If you are part-time and need to add a day call the School Age Adventures office to see if there is room at the program. There will be an additional fee added to your account.
- Dis-enrollments must be called into our office at 882-9080 x2212, no later than the Wednesday prior to their end date in our program; otherwise you will be charged the following week's tuition.
- Full-time weekly tuition payments include delayed openings and all pre-scheduled early release days. Our program is not open on days when school is closed.
- Programs close 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. Repeated late pick-ups may result in disenrollment from our program.
- We reserve the right to dis-enroll your child from our program for non-payment of fees, repeated late pickups or child or parent behavior that causes a safety concern or disruption of the program.
- If you have questions on Tuition Express, payments or billing, please contact our Billing Office at 882-9080 x 2214.

I have read the above *Tuition Agreement* and understand it is my responsibility to comply with the items listed.

Parent or Guardian Signature

(6)

____/____/____
Date



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 registration fee, plus a two week deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of my weekly payments on the due dates listed on my payment schedule. (If your payment information changes you will be required to fill out a new form.)

SECTION A (Credit Card)

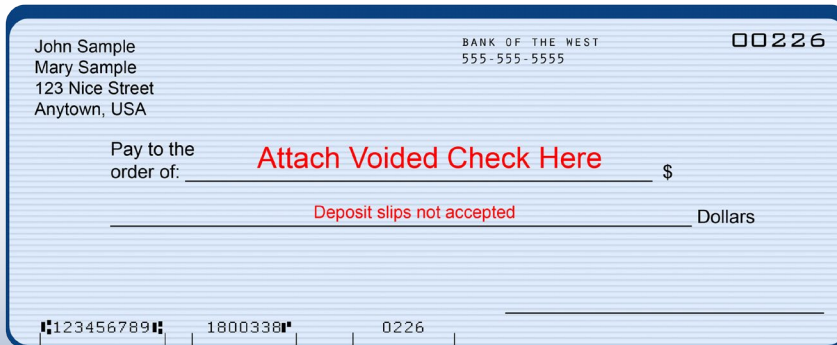
Cardholder Name _____ Phone # _____
Cardholder Address _____ City _____ State _____ Zip _____
Account Number _____ Expiration Date _____
Cardholder Signature _____ Date _____

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) _____ Checking Savings
Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



procure SOFTWARE®

Routing Number Account Number Check Number

(7)



TUITION RATES

Mont Vernon

Weekly Rate:	<u>A.M. Only</u>
1 child	\$ 70.00
2 children*	\$ 129.50
3 children*	\$ 189.00
Daily Rate:	<u>A.M. Only</u>
	\$ 14.00

*A fifteen percent (15%) discount is extended to families with multiple students attending our program on a full-time basis (Monday through Friday). Discounted pricing reflected under "2 children / 3 children" above. Discounts do not apply to those students attending part-time.

2018 – 2019 PAYMENT CALENDAR

PAID	PAID	10/26/2018	11/02/2018	11/09/2018	11/23/18	11/30/18	12/07/18	12/14/18
12/28/2018	01/04/2019	01/11/2019	01/18/2019	01/25/2019	02/01/2019	02/08/2019	02/15/2019	03/01/2019
03/08/2019	03/15/2019	03/22/2019	03/29/2019	04/05/2019	04/12/2019	04/26/2019	05/03/2019	05/10/2019
05/17/2019	05/24/2019	05/31/2019	06/07/2019					

During the first two weeks of participation in our School Age Adventures program, *no changes may be made to your child's schedule.*

Weekly tuition payments are charged on the Friday prior to the program week. Specific weekly tuition payment dates are listed on the above *"2018-2019 Payment Calendar"*. Payments are processed through our *"Tuition Express"* automatic payment system. Statements are emailed weekly. Please see *"Tuition Express"* form for more information.

Other than unavoidable illness, *we require a minimum one-week notice to implement changes to your child's schedule.* All schedule or attendance changes for your child must be called into our School Age Adventures office at 882-9080 x 2212.

If your child attends our program on a part-time basis and you wish to add additional days, additional charges will apply. Some programs have a wait list status. If the day you wish to add to your child's schedule is unavailable, you will be informed.

Tuition assistance may be available to qualified families through the New Hampshire Department of Health and Human Services (NH DHHS). Upon request, our office will provide you with a *"Child Care Provider Verification (Form 1863)"*. For additional information about child care assistance, please visit the NH DHHS website at <https://nheasy.nh.gov/> or contact the Southern District Office, 26 Whipple Street, Nashua, NH 03060, (603) 883-7726 or (800) 852-0632.

Questions on weekly tuition payments or billing? Contact our Billing Department at 882-9080 x 2214.



2018 – 2019 Delay and Cancellation Policy

Inclement Weather, Cancellations and Delayed Start

▶ **School District cancels school** → All programs are cancelled.

▶ **School District announces delayed opening** → Mont Vernon start time *TBA*

In the event of program cancellation, payment for that day is applied to the required make-up day in June.

Emergency Evacuations

▶ **School District and/or individual schools issue emergency evacuation and students are not allowed back into the building:**

→ Our after school program *is cancelled*.

→ Your School District and/or individual school will provide information to you in their phone blast where to pick up your child. *Parents must plan ahead for alternate coverage in some of these situations.*

Questions? Please speak to your Site Director or call our office at 882-9080 x 2212.