



2020 February and April School Vacation Camps

LOCATION:	Sunset Heights Elementary School, 15 Osgood Street, Nashua, New Hampshire
DATES:	February 24 – February 28, 2020 April 27 - May 1, 2020
TIME:	6:40 A.M. - 6:00 P.M
COST:	Full Time - \$235.00 per week for the first child / \$199.75 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 14, 2020.*
- **IN-PERSON APPLICATIONS** submitted at our 4 Lake Street, Nashua, New Hampshire office are accepted *starting January 21, 2020..*
- **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, February 28, 2020 ***Paint on the Gogh!***

A unique opportunity for your child to discover their artistic side with our new exciting in-house field trip! Each child will paint their own masterpiece to bring home to share with their families.

Friday, May 1, 2020 ***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.)



CAMP HOURS: 6:40 AM TO 6:00 PM

Afternoon snack is included

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.

IF YOUR CHILD IS NOT A CURRENT SCHOOL AGE ADVENTURES PARTICIPANT attach copies of their immunizations and proof of annual physical to this enrollment form and complete the attached "Child Reunification" sheet. Incomplete enrollments will not be processed.

CHILD INFORMATION

(Submit a separate form for each child you are enrolling. Thank you.)

Child's Name: _____ Sex: M ___ F ___ D.O.B: ___/___/___
(First) (Last)

School Name: _____ Grade: _____ Current ALC Participant? Yes No

Home Phone: (_____) _____ - _____

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.

	Full Time?	Part Time ? (Check all days that apply)		Estimated drop off time?	Estimated pick up time?
		Monday	□		
February Camp	Monday – Friday 2/24/20 to 2/28/20 <input type="checkbox"/>	Monday 2/24/20	□	_____ AM	_____ PM
		Tuesday 2/25/20	□		
		Wednesday 2/26/20	□		
		Thursday 2/27/20	□		
April Camp	Monday – Friday 4/27/20 to 05/01/20 <input type="checkbox"/>	Monday 4/27/20	□	_____ AM	_____ PM
		Tuesday 4/28/20	□		
		Wednesday 4/29/20	□		
		Thursday 4/30/20	□		

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 participate in and/or be bused to and from Sunset Heights Elementary School to participate in the prescheduled field trips on 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.

Paint on the Gogh! on 02/28/20 Signed: _____

To Be Determined on 05/01/20 Signed: _____

PARENT / GUARDIAN INFORMATION

Name: _____

Relationship To Child: _____

Address: _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Email Address: _____

Name: _____

Relationship To Child: _____

Address: _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Email Address: _____

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: (____) _____ - _____

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: (____) _____ - _____

PHYSICIAN / EMERGENCY MEDICAL INFORMATION

Primary Care Physician

Name: _____

Address: _____

Office Number: (____) _____ - _____

Preferred Hospital / Emergency Care Center

Name: _____

Address: _____

Main Number: (____) _____ - _____

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 the Nashua 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 Nashua 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 Nashua Adult Learning Center / Adventure Camp 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 Nashua Adult Learning Center / Adventure Camp 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 Nashua 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: _____

SOCIAL / OTHER INFORMATION

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

* TURN OVER TO COMPLETE ENROLLMENT FORMS *

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: _____

A NEW TUITION EXPRESS FORM MUST BE ATTACHED TO YOUR REGISTRATION.

Please complete page # 9 and submit it with your enrollment. Thank you.



CHILD REUNIFICATION – RELEASE FORM

IF YOUR CHILD IS NOT A CURRENT SCHOOL AGE ADVENTURES PARTICIPANT attach copies of their immunizations and proof of annual physical to this enrollment form and complete this "Child Reunification" sheet. Incomplete enrollments will not be processed.

CHILD INFORMATION

School Name: _____ Grade: _____

Child's Name: _____ D.O.B: _____ / _____ / _____
(First) (Last)

Address: _____ City: _____ State: _____ Zip: _____

PARENT / GUARDIAN INFORMATION

Mother's Name: _____

Father's Name: _____

Mother's Date of Birth: _____ / _____ / _____

Father's Date of Birth: _____ / _____ / _____

Home: (____) _____ - _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Work: (____) _____ - _____

Legal Guardian's Name: _____
(if different from above)

Legal Guardian's Name: _____
(if different from above)

Legal Guardian's Date of Birth: _____ / _____ / _____

Legal Guardian's Date of Birth: _____ / _____ / _____

Home: (____) _____ - _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Work: (____) _____ - _____

If I/we are unable to pick up my/our child, I/we designate the following people to whom my/our child/children may be released to in case of an emergency:

Name: _____

Name: _____

Date of Birth: _____ / _____ / _____

Date of Birth: _____ / _____ / _____

Relationship To Child(ren): _____

Relationship To Child(ren): _____

Phone: (____) _____ - _____

Phone: (____) _____ - _____

PARENT / GUARDIAN SIGNATURE

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Please list a friend or family member who lives out of the State of New Hampshire we can call with information in case local telephone service is interrupted.

Name: _____ Contact Number: (____)_____- _____

**ATTACH
PHOTO OF
YOUR CHILD
HERE**

FOR ADVENTURE CAMP FSTAFF USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE

<i>Name of person child released to:</i>	
<i>Released by:</i>	
<i>Proof of ID provided:</i>	
<i>Date of release:</i>	
<i>Time of release:</i>	
<i>Destination:</i>	



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)

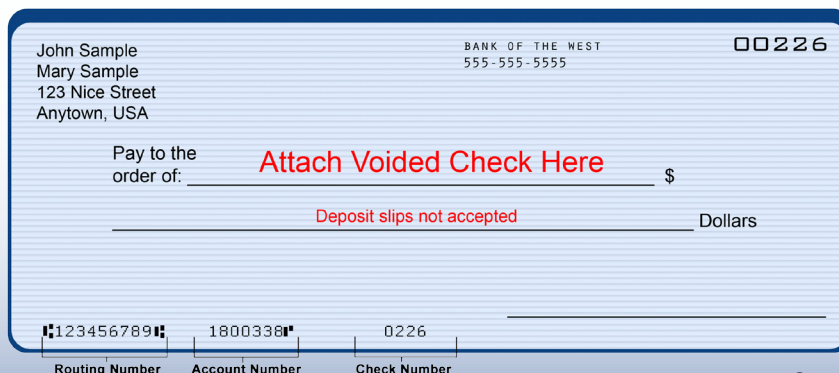
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

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

