



2020 ADVENTURE & XPLORATION ONE-DAY SUMMER CAMPS

Location:	40 Arlington Street, Nashua NH 03060
Time:	9:00 AM to 3:00 PM (*Before and/or after care is not available. Please plan accordingly)
Xploration Camp:	Mondays - July 20, 2020; August 3, 10 and 17, 2020
Adventure Camp:	Thursdays – August 6, 13 and 20, 2020
Registration Fee:	\$15.00 per camper
Tuition Cost:	\$40.00 per day ** Full tuition and all registration fees are due at time of enrollment **
Availability:	Space is limited. Call to check availability.

ENROLLMENT INFORMATION

- **IF YOUR CHILD IS NOT A CURRENT SCHOOL AGE ADVENTURES PARTICIPANT** you must provide copies of their immunizations, annual physical and recent photo for the “Child Reunification” form (enclosed) at the time of enrollment. Incomplete enrollments will not be processed.
- **PAST DUE ACCOUNTS MUST BE CURRENT TO ENROLL.** Questions? Call our Billing Office at 882-9080 x 2214.
- **FULL TUITION AND REGISTRATION FEES ARE DUE AT THE TIME OF ENROLLMENT.** Registration fees and camp tuition are non-refundable / non-transferable. Please complete the attached Tuition Express form for payment on page # 9.
- **SPACE IS LIMITED.** One-day camps are filled on a first come, first served basis. Clearly identify all days your child(ren) will be in attendance. Due to limited availability and supply costs for our camp, you will be charged for the days you select, whether or not your child is in attendance.
- **ALL CAMPERS AND STAFF WILL BE PRE-SCREENED PRIOR TO ENTERING CAMP.** In an effort to keep campers and staff safe, a pre-screening check in process will be utilized. Temperatures will be taken and questions asked of each person prior to entrance into our camp building. If any person’s temperature exceeds 100.0°F or if cough is present, that child or staff member will be sent home.
- **MORNING SNACK AND LUNCH ARE NOT PROVIDED.** Campers must bring a morning snack, lunch and a clearly labeled, refillable water bottle with them to the program.
- **ONE-DAY CAMPS OPEN AT 9:00 AM AND CLOSE AT 3:00 P.M.** There is no before and/or after camp coverage. Please plan accordingly. A late fee of **\$1.00 per minute** will be charged to you for any pick-ups after 3:00 P.M. and may jeopardize future participation.
- **IF YOU RECEIVE CHILD CARE ASSISTANCE THROUGH THE STATE OF NEW HAMPSHIRE** a portion of your camp may be covered. For more information, please call Debi at 882-9080 x 2212.
- **QUESTIONS?** Call 882-9080 x 2212.

Email completed enrollment and Tuition Express to: dtrybe@nashuaalc.org

WHAT TO BRING TO CAMP DAILY

1. Comfortable clothing, as we move around frequently and are active. Most activities are outdoors (weather permitting). Occasionally we will be indoors.
2. A morning snack and lunch (including a drink), as well as a clearly labeled, refillable water bottle. Please do not pack any food selections that require refrigeration and/or heating, as we do not have the capability to do either during camp time. Additionally, please do not pack any glass bottles or containers.
3. A bathing suit, towel and sunscreen.
4. A face covering (may be used when social distancing will not be possible).

WHAT IS OUR CAMP SCHEDULE?

Camp opens at 9:00 AM and ends at 3:00 PM. Activities change daily and times may be adjusted depending on the activity scheduled. An example of our day is as follows:

- 9:00 -9:30 AM: Campers arrive and attendance is taken. Introduction to daily activities.
- 9:30 AM: Morning activities.
- 11:15 AM: Break for morning snack (*campers bring from home*).
- 11:30 AM: Mid-day activities.
- 1:00 PM: Lunch (*campers bring from home*) and creative free time.
- 1:30 PM: Afternoon activities.
- 2:45 PM: Finalize wrap up of activity and clean up.
- 3:00 PM Campers are dismissed and Camp is closed for the evening.

OUTLINE OF CAMP ACTIVITIES OFFERED

XPLORATION STEM CAMP

- Monday, 07/20/20: **Blast Off**
- Monday, 08/03/20: **Bubble Science**
- Monday, 08/10/20: **Playground Physics**
- Monday, 08/17/20: **Nature Discovery**

ADVENTURE CAMP

- Monday, 08/06/20: **Tropical Paradise**
- Monday, 08/13/20: **Pirate's Cove**
- Monday, 08/20/20: **Life is Better at the Beach**



CAMP HOURS: 9:00 AM TO 3:00 PM

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.

Submit a separate enrollment form for each child you are registering. Thank you.

CHILD INFORMATION

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

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

PARENT / GUARDIAN CONTACT INFORMATION

Name: _____	Name: _____
Relationship To Child: _____	Relationship To Child: _____
Address: _____	Address: _____
Home: (____) _____ - _____	Home: (____) _____ - _____
Cell: (____) _____ - _____	Cell: (____) _____ - _____
Work: (____) _____ - _____	Work: (____) _____ - _____
Email Address: _____	Email Address: _____

FULL TUITION AND REGISTRATION FEES ARE DUE AT THE TIME OF ENROLLMENT. Sign up only for the days your child will attend. Our one-day camps are not a “drop in” service. Due to limited availability, you will be charged for the day you select, regardless of whether or not your child attends.

XPLORATION STEM CAMP

Date	One-Day Camp Name / Description	Cost	Check box & initial for the days your child will attend
Monday -07/20/20	Xploration STEM Camp – Blast Off!	\$40.00/ day	<input type="checkbox"/> _____
Monday -08/03/20	Xploration STEM Camp – Bubble Science	\$40.00/ day	<input type="checkbox"/> _____
Monday -08/10/20	Xploration STEM Camp – Playground Physics	\$40.00/ day	<input type="checkbox"/> _____
Monday -08/17/20	Xploration STEM Camp – Nature Discovery	\$40.00/ day	<input type="checkbox"/> _____

ADVENTURE CAMP

Date	One-Day Camp Name	Cost	Check box & initial for the days your child will attend
Thursday - 08/06/20	Adventure Camp - Tropical Paradise	\$40.00/ day	<input type="checkbox"/> _____
Thursday - 08/13/20	Adventure Camp - Pirate's Cove	\$40.00/ day	<input type="checkbox"/> _____
Thursday - 08/20/20	Adventure Camp - Life is Better at the Beach	\$40.00/ day	<input type="checkbox"/> _____

PLEASE CONTINUE ON BACK OF THIS FORM.

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 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 / Xploration 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: _____

OUTSIDE ACTIVITIES AUTHORIZATION

Outside activities are often planned to take place in the front area of our camp building, as well as in the fields behind our camp building outside of the gated area.

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

SUNSCREEN AUTHORIZATION

Sunscreen needs to be applied prior to drop off. Campers are required to maintain sunscreen in their backpacks at all times during participation in our program. Sunscreen must be labeled with their name. The Nashua Adult Learning Center / Adventure Camp / Xploration Camp staff will assist campers with the application of sunscreen, as necessary. Permission must be provided by you in order for your child to carry their own sunscreen.

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

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.

PLEASE CONTINUE ON THE NEXT PAGE

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: _____

PRE-SCREEN PROCESS ACKNOWLEDGEMENT

In an effort to keep campers and staff safe, a pre-screening check in process will be utilized. Temperatures will be taken and questions asked of each person prior to entrance into our camp building. If any person's temperature exceeds 100.0°F or if cough is present, that child or staff member shall be sent home

While at camp your child will be in contact with other children, families and camp employees, who may be at risk of exposure to communicable diseases (COVID-19, strep throat, influenza, etc.) By signing below, you acknowledge that even with restrictions, guidelines and practices in place to reduce exposure, there is a potential risk your child may be *exposed to communicable illnesses that may be carried by persons who are asymptomatic before any signs of infection are shown.*

By signing below, you acknowledge that in order for your child to attend camp, they must be free from all symptoms of communicable diseases, including but not limited to fever, cough, shortness of breath, sneezing, chills, sore throat, muscle aches, etc., and remain symptom free for a minimum of 24 hours before they may return to camp.

Your signature also acknowledges you assume all risk and liability of sending to camp, and hold The ALC / Xploration Camp/Adventure Camp harmless from any type of claim or litigation as a result of potential exposure to communicable diseases.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

**A NEW TUITION EXPRESS FORM MUST BE ATTACHED TO YOUR
REGISTRATION IF NOT PAYING BY CASH OR CHECK IN FULL.
Please complete page # 9 and submit it with your enrollment. Thank you.**

PLEASE CONTINUE ON BACK OF THIS FORM.

TUITION AGREEMENT

- FULL PAYMENT OF ALL TUITION AND REGISTRATION FEES ARE DUE AT THE TIME OF ENROLLMENT. Registration fees and camp tuition are non-refundable / non-transferable.
- SPACE IS LIMITED. Our one-day camps are filled on a first come, first served basis. Clearly identify all days your child(ren) will be in attendance. Due to limited availability, you will be charged for the days you select, regardless of whether or not your child attends.
- PLEASE FILL OUT THE TUITION EXPRESS FORM FOR PAYMENT on page #9.
- IF YOUR TUITION EXPRESS PAYMENT INFORMATION CHANGES FOR ANY REASON, please update the Billing Office of the Nashua Adult Learning Center with the new information prior to your child(ren) attending camp.
- PAST DUE ACCOUNTS MUST BE BROUGHT CURRENT TO ENROLL IN OUR ONE-DAY CAMPS. Questions? Call our Billing Office at 882-9080 x 2214.
- IF YOUR PAYMENT DECLINES FOR ANY REASON, an alternate successful payment must be provided to the Nashua Adult Learning Center Billing Office prior to your child(ren) attending camp. A \$15.00 insufficient funds fee will be applied to your account for any and all returned payments.
 - CAMP OPENS AT 9:00 AM AND CLOSSES AT 3:00 P.M. There is no before and after camp coverage. Parents must sign in / sign out their child(ren) each day. A late fee of \$1.00 per minute will be charged/billed to you for any pick-ups after 3:00 P.M. and may jeopardize future participation.
- IF YOU RECEIVE CHILD CARE ASSISTANCE THROUGH THE STATE OF NEW HAMPSHIRE a portion of your vacation camp costs may be covered. If any change to your determination or eligibility is made, you must notify our office immediately. Any charges not covered by NH DHHS are your responsibility and must be paid accordingly. For more information, please call Debi at 882-9080 x 2212.
- The Nashua Adult Learning Center reserves 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.
- Questions on your billing account? Contact Jillian Link at 882-9080 x 2214.

I _____ have read the above Tuition Agreement and understand it is my responsibility to comply with the items listed above. I further understand and agree that in signing this Tuition Agreement, I am personally liable for full tuition payment for any and all days I registered my child(ren) for camp contained within this application and grant permission to the Nashua Adult Learning Center to charge my designated Tuition Express account for that camp tuition, regardless of whether or not my child(ren) attends.

Parent/Guardian Signature

Date



CHILD REUNIFICATION – RELEASE FORM

IF YOUR CHILD IS NOT A CURRENT SCHOOL AGE ADVENTURES PARTICIPANT: Please fill this form out and attach a photo of your child on the back for quick identification purposes, should an emergency arise.

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: _____ <small>(if different from above)</small>	Legal Guardian's Name: _____ <small>(if different from above)</small>
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: (____) _____ - _____

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.



**FOR NASHUA ADULT LEARNING CENTER STAFF USE ONLY.
 PLEASE DO NOT WRITE BELOW THIS LINE**

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



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 \$15.00 registration fee (per camper) and full tuition amount totaling \$_____ for my child to attend the Nashua Adult Learning Center's One-Day Camp programs.

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

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$ _____

Deposit slips not accepted _____ Dollars

123456789 1800338 0226

Routing Number Account Number Check Number

A service of

