



Fall, 2020

Dear Litchfield Parents:

Welcome to School Age Adventures! **Please remember these important dates:**

08/25/2020	Enrollment for Litchfield schools starts. Applications accepted <b>via U.S. Mail ONLY – Postmarked no earlier than 08/25/2020.</b>
09/14/2020	Last day to request a refund of tuition deposit. <i>Registration fee is non-refundable.</i>
09/14/2020	Registrations close.

### PROGRAM HOURS

***Before School Care:***

6:30 AM – beginning of school day

***After School Care:***

End of school day – 6:00 PM

### FIRST DAY OF PROGRAM

**Grade 1+ Students**

**Kindergarten Students**

September 21, 2020

September 21, 2020

### IMPORTANT REMINDERS

**PLEASE READ ALL DOCUMENTS BEFORE REGISTERING YOUR CHILD SO YOU ARE UP TO DATE ON ALL POLICIES AND PROCEDURES. THANK YOU.**

- **Enrollments are accepted on a first come, first served basis.** To secure your child’s spot, all documents and fees listed on the attached “*Enrollment Checklist*” must be submitted at the time of registration. Incomplete packets will not be processed.
- **Prior participation does not guarantee your child’s spot for the new school year.** *Everyone must reapply, every year.* A new enrollment packet must be filled out and submitted with all required items on the “*Enrollment Checklist*” to be eligible for our program.
- **No changes may be made to your child’s schedule during the first two weeks of participation.** After the initial two weeks, changes may be made with a one week’s notice, (subject to availability).
- **Many programs fill up quickly.** Part-time spots are limited at each program. If you are in need of care for the new school year, do not delay registration or your child may be placed on a wait list.
- Registrations received after September 14, 2020 may be subject to a delayed program start date (after 9/21/20 and based on availability).

## **WHAT HAPPENS AFTER SUBMISSION OF YOUR ENROLLMENT PACKET?**

- Enrollment packets are received, date stamped and reviewed for completeness by our office.
- Incomplete packets will not be processed. Our office will provide one courtesy call advising what items are missing. The packet will be sent back to you via U.S. Mail should we not hear back within 3 days of our courtesy call. This may result in your child being wait-listed.
- Completed enrollment packets are processed and confirmations will be sent via email to parents within 5 business days. *Your patience in receiving your confirmation is appreciated.* **Please ensure your email address is correct and legible on your application.**
- Refunds of initial one week tuition deposit (minus the non-refundable registration fee) are issued only if you cancel on or before **September 14, 2020**. *After 09/14/2020, tuition deposits are non-refundable, regardless of whether or not your child attends.*

“School Age Adventures 2020-2021 Family Handbooks” will be available on our website at [nashuaalc.org](http://nashuaalc.org).

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](http://nashuaalc.org).

Sincerely,

*Lois Parsons*

Adventure Club Coordinator



## 2020 - 2021 ENROLLMENT CHECKLIST

The items below 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 (required)
- Child Reunification - Release form (with photograph of your child)
- Registration Fee of \$60.00 per family (non-refundable)
- One (1) week tuition

**\* If your enrollment packet is received incomplete:** Our office will provide one courtesy call advising what items are missing. The packet will be sent back to you via U.S. Mail if we do not hear back within 3 days of our courtesy call. This may result in your child being wait-listed.

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

### TUITION RATES\*

	Kindergarten Students			Grade 1+ Students		
<b>Weekly:</b> <small>(Full-time)</small>	<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>	<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>
	\$ 70.00	\$ 100.00	\$ 150.00	\$ 70.00	\$ 95.00	\$ 145.00
<b>Daily:</b> <small>(Part-time)</small>	<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>	<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>
	\$ 14.00	\$ 22.00	\$ 36.00	\$ 14.00	\$ 20.00	\$ 34.00

#### Sibling Discounts

We are unable to offer a sibling discount for the 2020-2021 school year. Full tuition rates apply for each student signed up to participate.

**PLEASE SEE SERVICE LOCATIONS AND PROGRAMS OFFERED ON THE BACK OF THIS FORM.**

\*Tuition rates do not include annual \$60.00 per family annual registration fee.

**Mail completed enrollment and Tuition Express forms to:**  
 Nashua Adult Learning Center  
 4 Lake Street  
 Nashua, NH 03060  
 ATTN: School Age Care

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



## LOCATIONS AND PROGRAMS

Not sure what programs are offered at your child's school? Here's a list of our service locations and programs offered:

### Hollis Schools

Location	Morning Program	Afternoon Program
Hollis Primary School*	Yes	Yes
Hollis Upper Elementary*	Yes	Yes

\*Morning programs are combined and meet in the cafeteria at the Upper Elementary.

### Nashua Schools

Location	Morning Program	Afternoon Program
Amherst Street (at Mt. Pleasant)	No	Yes
Bicentennial	Yes	Yes
Birch Hill	Yes	Yes
Broad Street	No	Yes
Charlotte Avenue	Yes	Yes
Dr. Crisp	No	Yes
Fairgrounds	Yes	Yes
Main Dunstable	Yes	Yes
Mt. Pleasant	No	Yes
New Searles	Yes	Yes
Sunset Heights	Yes	Yes

### Litchfield Schools

Location	Morning Program	Afternoon Program
Griffin Memorial School	Yes	Yes

### Merrimack Schools

Location	Morning Program	Afternoon Program
Mastricola Elementary*	Yes	Yes
Mastricola Upper Elementary*	Yes	Yes
Reeds Ferry	Yes	Yes
Thornton's Ferry	Yes	Yes

\*Mastricola (lower elementary) and MUES (upper elementary) morning programs are combined and meet in the in Room 128 of MUES.



**2020 – 2021 ENROLLMENT / EMERGENCY FORM - LITCHFIELD SCHOOL DISTRICT**

**CHILD INFORMATION**

School Name: \_\_\_\_\_ Program Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Grade: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(First) (Last)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone / Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**WEEKLY SCHEDULE**

*(Please check all days you are registering your child to attend our program)*

**AM Program:**  Full Time (Monday – Friday)  
 Part-Time (Check all that apply):  Monday  Tuesday  Wednesday  Thursday  Friday

**PM Program:**  Full Time (Monday – Friday)  
 Part-Time (Check all that apply):  Monday  Tuesday  Wednesday  Thursday  Friday

**PARENT / GUARDIAN INFORMATION**

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

**PHYSICIAN / EMERGENCY MEDICAL INFORMATION**

<u>Primary Care Physician</u>	<u>Preferred Hospital / Emergency Care Center</u>
Name: _____	Name: _____
Address: _____	Address: _____
Office Number: (____) _____ - _____	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.

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## 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 / School Age Adventures 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 / School Age Adventures 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 Nashua 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?

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## 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 and/or Court Order must be provided to our office*

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: \_\_\_\_\_

**PRE-SCREEN PROCESS ACKNOWLEDGEMENT**

In an effort to keep children 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 program. 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 our program your child will be in contact with other children, families and staff members, 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 our program, 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 our program.

Your signature also acknowledges you assume all risk and liability of sending your child to our program, and hold the Nashua Adult Learning Center / Adventure Club/ School Age Care harmless from any type of claim or litigation as a result of potential exposure to communicable diseases.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





2020- 2021 TUITION AGREEMENT- LITCHFIELD SCHOOL DISTRICT

**THIS FORM MUST BE SIGNED AND RETURNED WITH ENROLLMENT PACKET**

- No changes can be made to your child’s schedule during the first two weeks of participation in our program.
- Initial one week tuition deposit plus a non-refundable registration fee of \$60.00 per family is required at the time of enrollment. Please refer to the “Tuition Rates” form when calculating your deposit. Deposit and registration fees must be paid via your designated “Tuition Express” account.
- During open enrollment, refunds (minus the non-refundable registration fee) are issued only if you cancel on or before 09/14/2020. After 09/14/2020, tuition deposits are non-refundable.
- The payment calendar runs through the end of the school year. Due to the many changes that could occur to the scheduled days of instruction taking place in school during the 2020-2021 year, we will re-evaluate our payment schedule in May 2021. We will adjust your payment schedule accordingly.
- Please note our fees are the same as last year and will remain in place through December 31, 2020. Due to the pandemic, and resulting uncertainty, we reserve the right to increase our fees, if we have to, in January of 2021. Should that happen, you will be notified in a timely manner.
- Full-time and part-time students: Weekly tuition payments follow the 2020-2021 payment calendar for your school district and/or grade. Our program is not open on days schools are closed. First day of school, first day of our program, school closures and school vacation schedules vary in each district. Please ensure you follow the payment calendar (attached), based on the school district and grade your child attends.
- Tuition Express automatic payment processing is required for all families and a new form must be submitted each school year. Tuition payments are automatically withdrawn from your designated Tuition Express bank or credit card account. Statements are emailed weekly. Please ensure we have your current email address on file.
- All pre-scheduled late start and pre-scheduled early release days are included in your weekly tuition payment only if your child is enrolled to participate on those days. Part-time participants may be eligible to participate in the pre-scheduled late start/early release days for an additional \$25.00 charge. To check availability, call 603/882-9080 x2212.
- Monday Holidays: Part-time students scheduled to participate on Mondays may select an alternate day to attend our program within the same school week, subject to availability. There are no refunds for Monday holidays. Call 603/882-9080 x2212 to schedule the alternate date.
- Part-time student schedule changes are subject to availability. Some programs may have a wait list. If the day you wish to add to your child’s schedule is unavailable, you will be informed. Additional charges will apply for any extra days added.
- Payments and documentation are not accepted at the individual programs. All payments and documentation must be submitted to our office at 4 Lake Street, Nashua, NH 03060.
- We require a one-week notice to implement changes to your child’s schedule or you may be charged the following week’s full tuition rate. All schedule or attendance changes for your child must be called into our School Age Adventures office at 882-9080 x 2212.
- 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.
- 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 outlined above. I further understand and agree that in signing this Tuition Agreement, I am personally liable for full tuition payments for any and all days my child(ren) is registered to attend the program. I grant permission to the Nashua Adult Learning Center to charge my designated Tuition Express account for that tuition, regardless of whether or not my child(ren) attends.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## CHILD REUNIFICATION – RELEASE FORM

Please fill this form out and attach a photo of your child on the back side 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: \_\_\_\_\_  
(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: \_\_\_\_\_

**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 medication information and usage instructions below.

Does your child have an allergy?  No  
 Yes: If "Yes" please list all allergies : \_\_\_\_\_

Does your child have asthma requiring an inhaler?  No  
 Yes: If "Yes" please list usage requirements : \_\_\_\_\_

Additional Information:

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**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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FOR QUICK IDENTIFICATION, ATTACH PHOTO OF YOUR CHILD HERE**

**FOR SCHOOL AGE CARE STAFF USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE**

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

TUITION RATES						
	Kindergarten Students			Grade 1+ Students		
<b>Weekly:</b> (Full-time)	<u>AM Only</u>	<u>PM Only</u>	<u>AM &amp; PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM &amp; PM</u>
	\$ 70.00	\$ 100.00	\$ 150.00	\$ 70.00	\$ 95.00	\$ 145.00
<b>Daily:</b> (Part-time)	<u>AM Only</u>	<u>PM Only</u>	<u>AM &amp; PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM &amp; PM</u>
	\$ 14.00	\$ 22.00	\$ 36.00	\$14.00	\$20.00	\$34.00
<b>Sibling Discounts</b>						
We are unable to offer a sibling discount for the 2020-2021 school year. Full tuition rates apply for each student signed up to participate.						

### 2020-2021 PAYMENT CALENDAR

LITCHFIELD SCHOOL DISTRICT										
Program Start Date 09/21/2020	PAID <small>Pmt. Date 09/18/20</small>	09/25/20	10/02/20	10/09/20	10/16/20	10/23/20	10/30/20	11/6/20	11/13/20	
NO PAYMENT	11/27/20	12/04/20	12/11/20	NO PAYMENT	12/18/20	01/01/21	01/08/21	01/15/21	01/22/21	01/29/21
02/05/21	02/12/21	NO PAYMENT	02/26/21	03/05/21	03/12/21	03/19/21	03/26/21	04/02/21	04/09/21	04/16/21
NO PAYMENT	04/30/21	05/07/21	05/14/21	05/21/21	05/28/21	06/04/21	06/11/21	06/18/21	END PAYMENTS	

The payment calendar runs through the end of the school year. Due to the many changes that could occur to the scheduled days of instruction taking place in school during the 2020-2021 year, we will re-evaluate our payment schedule in May 2021. We will adjust your payment schedule accordingly.

Please note our fees are the same as last year and will remain in place through December 31, 2020. Due to the pandemic, and resulting uncertainty, we reserve the right to increase our fees, if we have to, in January of 2021. Should that happen, you will be notified in a timely manner.

No changes can be made to your child's schedule during the first two weeks of participation in our program.

**Full-time and part-time students:** Weekly tuition payments follow the 2020-2021 payment calendar for your school district and/or grade. Our program is not open on days schools are closed. First day of school, first day of our program, school closures and school vacation schedules vary in each district. Please ensure you follow the payment calendar (attached), based on the school district and grade your child attends.

**Monday Holidays:** Part-time students scheduled to participate on Mondays may select an alternate day to attend our program within the same school week, subject to availability. There are no refunds for Monday holidays. Call 603/882-9080 x2212 to schedule the alternate date.

Part-time student schedule changes are subject to availability. Some programs may have a wait list. If the day you wish to add to your child's schedule is unavailable, you will be informed. Additional charges will apply for any extra days added.

*We require a one-week notice to implement changes to your child's schedule or you may be charged the following week's full tuition rate.* All schedule or attendance changes for your child must be called into our School Age Adventures office.

All tuition payments are processed through "Tuition Express" automatic payment system. Statements are emailed weekly. Please ensure we have your current email on file. Questions billing? Contact our Billing Office at 882-9080 x 2214.

Tuition assistance may be available to qualified families through the New Hampshire Department of Health and Human Services (NH DHHS). 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.

## 2020 – 2021 Delay and Cancellation Policy

### Inclement Weather, Cancellations and Delayed Start

- ▶ **School District cancels school** → All programs are cancelled.
  
- ▶ **School District announces delayed opening** → All morning programs *start at 7:00 A.M.*  
*In the event of program cancellation, payment for that day is applied to the required make-up day in June.*

### Emergency / Early Release Days

- ▶ **School District announces early release**
  - Before the school day begins:*
    - All AM programs *continue to run, on time.*
    - All after school programs *are cancelled.*
  
  - After school day begins and children are already in school:*
    - Shortened hours at our after school program.
  
    - Parents are requested to pick up children as early as possible to ensure our staff arrives home safely.

### 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.**



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 one 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

