



Fall, 2021

Dear Merrimack Parents:

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

06/07/2021	Enrollment for Merrimack schools starts. Applications accepted via U.S. Mail ONLY during the first two weeks of enrollment. <i>Postmarked no earlier than 06/07/2021.</i>
07/31/2021	Last day to request a refund of tuition deposit. <i>Registration fee is non-refundable.</i>
08/20/2021	Registrations close for state date of 09/13/2021.

PROGRAM HOURS

Before School Care: 6:30 AM – beginning of school day

After School Care: End of school day – 6:00 PM

All Students Grades K - 6

FIRST DAY OF SCHOOL

September 9, 2021

FIRST DAY OF PROGRAM

September 13, 2021

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 via U.S. Mail only during the first two weeks of open enrollment.** Thereafter they may be mailed or placed in our secure drop box to the right of our Main Entrance doors (facing Bridle Path) at 4 Lake Street, Nashua NH.
- **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.
- Registrations received after the closing dates listed above may be required to start the program during the second week of school (subject to 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.
- 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 July 31, 2021.** *After August 1, 2021, tuition deposits are non-refundable, regardless of whether or not your child attends.*

“School Age Adventures 2021-2022 Family Handbooks” will be available on our website at 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.

Sincerely,

Lois Parsons

Director of School Age Care



2021 - 2022 ENROLLMENT CHECKLIST - MERRIMACK

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		
Weekly: <i>(Full-time)</i>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>
	\$ 70.00	\$ 100.00	\$ 150.00	\$ 70.00	\$ 95.00	\$ 145.00
Daily: <i>(Part-time)</i>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>
	\$ 14.00	\$ 22.00	\$ 36.00	\$ 14.00	\$ 20.00	\$ 34.00

We are unable to offer a sibling discount for the 2021-2022 school year. Full tuition rates apply for each student signed up to participate.

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

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

Please mail all enrollment packets 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.



2021 – 2022 ENROLLMENT / EMERGENCY FORM – MERRIMACK 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 medication to be dispensed while at our program, we must have it in our possession **before your child's first day of attendance**. In order for us to comply with New Hampshire Licensing requirements, **please download and complete the medication requirements** from our website at nashuaalc.org/for-children/school-age-adventure-club/

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?

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 before school 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 harmless from any type of claim or litigation as a result of potential exposure to communicable diseases.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____



2021- 2022 TUITION AGREEMENT- MERRIMACK 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 + a non-refundable registration fee of \$60.00 per family is required at the time of enrollment.
During open enrollment, refunds (minus the non-refundable registration fee) are issued only if you cancel on or before July 31, 2021.
Please note, our fees are the same as last year and will remain in place through December 31, 2021.
Tuition Express automatic payment processing is required for all families.
Full-time students enrolling prior to 7/31/2021 and starting on the first day of our program:
Full-time students enrolling after 08/01/2021 and all part-time students (attending less than 5 days per week):
All pre-scheduled late start and pre-scheduled early release days are included in your weekly tuition payment only if your child is enrolled full-time in our program.
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.
Part-time student schedule changes are subject to availability.
Payments and documentation are not accepted at the individual programs.
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.
Programs close at 6:00 P.M. A late fee of \$10.00 (1-10 minutes late), then \$1.00 per minute thereafter will be charged to your account for any pick-ups after 6:00 P.M.
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 603-882-9080 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:

FOR QUICK IDENTIFICATION, ATTACH PHOTO OF YOUR CHILD HERE

FOR SCHOOL AGE CARE STAFF 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>	

TUITION RATES

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

We are unable to offer a sibling discount for the 2021-2022 school year. Full tuition rates apply for each student signed up to participate.

2021-2022 PAYMENT CALENDAR

Merrimack School District										
*Billed every Friday for following week's tuition, except where noted.	09/10/21 <i>PAID - tuition deposit</i>	09/17/21	09/24/21	10/01/21	10/08/21	10/15/21	10/22/21	10/29/21	11/05/21	11/12/21
11/19/21 <i>No payment due</i>	11/26/21	12/03/21	12/10/21	12/17/21	12/24/21 <i>No payment due</i>	12/31/21	01/07/22	01/14/22	01/21/22	01/28/22
02/04/22	02/11/22	02/18/22	02/25/22 <i>No payment due</i>	03/04/22	03/11/22	03/18/22	03/25/22	04/01/22	04/08/22	04/15/22
04/22/22 <i>No payment due</i>	04/29/22	05/06/22	05/13/22	05/20/22	05/27/22	06/03/22	06/10/22			

Please note, our fees are the same as last year and will remain in place through December 31, 2021. We reserve the right to increase our fees, if we have to, in January of 2022. 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 students enrolling prior to 7/31/2021 and starting on the first day of our program: Weekly tuition payments follow the 2021-2022 payment calendar for your school district. Our program is not open on days schools are closed. First day of our program, school closures and school vacation schedules vary in each district. Payments are processed every Friday, for the following week's tuition. Please ensure you follow the payment calendar for the school district your child attends.

Full-time students enrolling after 08/01/2021 and all part-time students (*attending less than 5 days per week*): You are billed through the end of the school year if your child's spot is not locked in prior to 07/31/2021 or your child attends our program part-time. Payments are processed every Friday, for the following week's tuition.

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 x 2212 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 603-882-9080 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 1-800-852-0632.

2021 – 2022 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 \$60.00 registration fee + one week tuition 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)

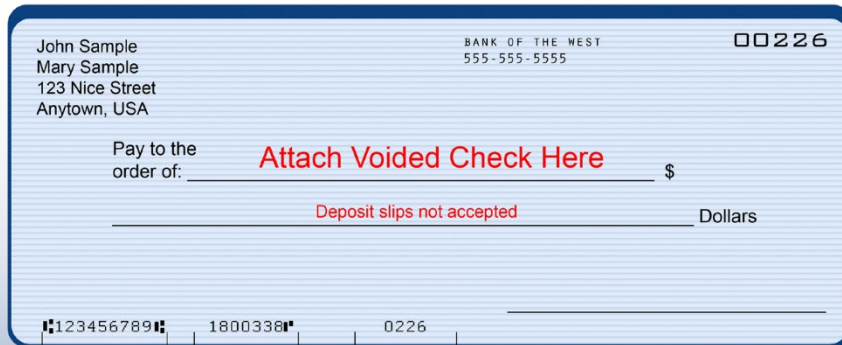
Cardholder Name _____ Phone # _____
Cardholder Address _____ City _____ State _____ Zip _____
Account Number _____ Expiration Date _____
Cardholder Signature _____ Date _____

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



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