

# ALC-2021 SUMMER ADVENTURE CAMP APPLICATION

## GROUP 1 Entering 1<sup>st</sup> grade – Entering 3<sup>rd</sup> grade

**Location:** 40 Arlington Street, Nashua, New Hampshire  
**Time:** 7:30 A.M.- 5:30 P.M.  
**Cost:** \$ 235.00 per week for the first child ( Monday-Friday)  
\$ 199.75 per week for the second child (Monday-Friday)  
\$ 48.00 per day / per child for part-time\*

\* There are no sibling discounts for part-time.

**Application Process:** \*Children must be 5 years of age and entering 1<sup>st</sup> grade to attend\*

- ◆ Applications will be accepted **BY US MAIL ONLY postmarked on or after April 19, 2021.** Please mail to: Nashua Adult Learning Center, 4 Lake St. Nashua, NH 03060.
- ◆ **Starting April 26, 2021,** applications will be accepted by US Mail, fax or dropped off at 4 Lake Street, Nashua, NH. If dropping off, please use our drop box attached to the wall to the right of the main entrance located on Bridle Path. When submitting your application, please ensure your packet is complete and all documents are included. If any items are missing, you may risk being placed on our wait-list or your packet being returned to you. **Emailed applications are not accepted.**
- ◆ All Nashua Adult Learning Center tuition accounts must be current to enroll and participate in summer camp.
- ◆ **A one (1) week tuition deposit + \$40.00 registration fee per child is required with your application.**
- ◆ The \$40.00 registration fee pays for one camp T-shirt.
- ◆ Part time spots are available, but are limited. Call 603-882-9080 x 2212 to check availability.
- ◆ **Confirmations are sent via email as applications are approved and processed.** If you do not receive a confirmation, call 882-9080 x 2212 for more information.
- ◆ Tuition assistance may be available to qualified families through the New Hampshire Department of Health and Human Services (NH DHHS). Upon request, our office will provide you with a “*Child Care Provider Verification (Form 1863)*”. For additional information about child care assistance, please visit the NH DHHS website at <https://nheasy.nh.gov/> or contact the Southern District Office, 26 Whipple Street, Nashua, NH 03060, (603) 883-7726 or (800) 852-0632.

**You are strongly encouraged to sign up only for the days your child will be in attendance at summer camp. Our summer camp is not a “drop in” service. You will be charged for the days your child(ren) are signed up for, regardless of whether or not your child is in attendance.**

**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



## **2021 SUMMER ADVENTURE CAMP ENROLLMENT CHECKLIST**

The items below are required to complete your child's enrollment:

- Camp Application (completed and signed)
- Tuition Agreement (signed)
- Emergency Information Sheets (completed and signed)
- Permission Form (completed and signed)
- Child Reunification - Release form (with photograph of your child)
- Tuition Express payment agreement form (completed and signed)
- New copies of your child's immunization records and annual physical (required)
- Registration Fee of \$40.00 per child (non-refundable); and
- One (1) week tuition payment

**\* 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 WITH YOUR ENROLLMENT PACKET. THANK YOU.**

GROUP 1 Camper's name: \_\_\_\_\_

**CAMP HOURS: 7:30 AM – 5:30 PM**

Cost: \$ 235.00 per week for the first child (Monday-Friday)  
 \$ 199.75 per week for the second child (Monday-Friday)  
 \$ 48.00 per day / per child for part-time  
 (\* There are no sibling discounts for part-time)

(Please use a separate form for each child)

Child's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
 School: \_\_\_\_\_ Grade in Sept 2021: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

T-shirt size: (check one)      6-8       10-12       14-16       Adult S       Adult M       Adult L

**SCHEDULE:** You are strongly encouraged to sign up only for the days your child will be in attendance. Our summer camp is not a "drop in" service. You will be charged for the days your child(ren) are signed up for, regardless of whether or not your child is in attendance.

Camp Week	Full Time? <i>Monday-Friday</i>	Part-Time? <i>Please check all days that apply</i>					Estimated <i>Drop off time? Pick up time?</i>	
		Mon.	Tues.	Weds.	Thurs.	Fri.	_____ AM	_____ PM
6/23/21- 6/25/21 <i>Camp starts 6/23</i>	Weds. - Friday <input type="checkbox"/> \$144.00/child <i>*partial week</i>			Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
6/28/21 -7/02/21	Monday - Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
7/05/21-7/09/21	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
7/12/21-7/16/21	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
7/19/21-7/23/21	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
7/26/21-7/30/21	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
8/02/21-8/06/21	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
8/09/21-8/13/21	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM
8/16/21-8/20/21 <i>*Last day 8/20/21</i>	Monday-Friday <input type="checkbox"/> \$235.00 / 1 <sup>st</sup> child \$199.75 /2 <sup>nd</sup> child	Mon. <input type="checkbox"/> \$48.00 per child	Tues. <input type="checkbox"/> \$48.00 per child	Weds. <input type="checkbox"/> \$48.00 per child	Thurs. <input type="checkbox"/> \$48.00 per child	Fri. <input type="checkbox"/> \$48.00 per child	_____ AM	_____ PM

**\* PLEASE TURN OVER AND CONTINUE ON BACK OF PAGE \***



## TUITION AGREEMENT

- There are two payment options for weekly summer camp tuition after the initial registration fee and tuition deposit are made:
  1. Pay in full at the time of registration for all summer camp tuition; or
  2. Pay weekly summer camp tuition (charged every Friday) through your designated Tuition Express account. Please clearly identify your credit card or bank account number on the attached Tuition Express form.
- All Nashua Adult Learning Center accounts must be current in order to enroll your child in summer camp.
- A \$40.00 non-refundable registration fee per child and one (1) week tuition deposit is required with your application at the time of registration.
- Tuition deposit refunds (minus the registration fee) are issued **only if you cancel on or before June 11, 2021. After June 11, 2021, all initial tuition deposits are non-refundable.**
- Tuition payments are automatically withdrawn from your designated Tuition Express bank or credit card account each Friday, and account statements are emailed weekly. By signing your enrollment packet you are authorizing the Tuition Express payment method.
- If your payment information changes for any reason, you must update the Billing Office of the Nashua Adult Learning Center with the new information prior to your child(ren) attending camp.
- Should your weekly payment decline 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.
- You are required to pay the full tuition for all days you register your child(ren) for summer camp as reflected under "SCHEDULE" of this application. That tuition will be charged to your Tuition Express account, regardless of whether or not your child is in attendance at camp.
- A \$15.00 insufficient funds fee will be applied to your account for returned payments.
- Our program closes at 5:30 PM. A late fee of \$1.00 per minute will be charged to your account for any pick-ups after 5:30 PM. Repeated late pick-ups may result in disenrollment from our program.
- If you receive reduced rates through the NH Department of Health and Human Services (NH DHHS) and a 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.
- 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 summer camp as reflected under "SCHEDULE" of this application and 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 summer camp.

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

\_\_\_\_\_  
Date



**SUMMER ADVENTURE CAMP**  
**Emergency Information - Group 1**

**CAMPER INFORMATION**

Camper's Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Grade in Sept.: \_\_\_\_\_

Street: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Phone: \_\_\_ - \_\_\_

**PARENT / GUARDIAN INFORMATION**

*Parent(s) or Guardian(s) legally responsible for child:*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

**PICK-UP AUTHORIZATIONS**

**Local Emergency Contact Person:** (Other than parent or guardian)

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**Additional Authorized Pick-Up Names:**

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**UNAUTHORIZED TO PICK-UP**

(Legal Documentation is required if biological parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL / DENTAL CONTACTS**

**Physician Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_ - \_\_\_

**Dentist Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_ - \_\_\_

**\* PLEASE TURN OVER AND CONTINUE ON BACK OF PAGE \***

Name of Camper: \_\_\_\_\_

**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 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: \_\_\_\_\_

**Under New Hampshire State Licensing regulations, the Adventure Camp must have copies of your child's updated immunization records and proof of annual physical on file. Please attach a photocopy of your child's completed health records from their primary care physician to this packet. Campers cannot participate without these forms. Thank you.**

**\* PLEASE TURN OVER AND CONTINUE ON NEXT PAGE \***

**Group 1 - Entering 1st grade - Entering 3rd grade**

**Name of Camper:** \_\_\_\_\_

What information would you like to share with us about your child that will help foster a successful camp experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_

**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 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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Under New Hampshire State Licensing regulations, the Adventure Camp must have copies of your child's updated immunization records and proof of annual physical on file. Please attach a photocopy of your child's completed health records from their primary care physician to this packet. Campers cannot participate without these forms. Thank you.**

**\* PLEASE TURN OVER AND CONTINUE ON NEXT PAGE \***

**Group 1 - Entering 1st grade - Entering 3rd grade**

**Name of Camper:** \_\_\_\_\_

**PERMISSION FORM**

**Please sign in the designated areas on both sides of this form. By signing in the designated areas, you acknowledge and provide permission for your child to participate in one or more of the specified activities offered at the Adventure Camp. You also acknowledge any and all restrictions or requirements for your child to participate in the specified activities.**

During camp there may be children in attendance with mild to severe peanut or tree nut allergies. To ensure the safety of all campers, will you commit to:

Refrain from sending any snacks or lunches with products containing Peanut or tree nut ingredients?  Yes  No \_\_\_\_\_  
(Initial here)

Agree to have your child in a peanut/tree nut free classroom to eat their Snack and lunch while at camp?  Yes  No \_\_\_\_\_  
(Initial here)

Occasionally, movies are shown during the camp day. All movies are carefully selected. Please initial the approval rating for your child. G \_\_\_\_\_ PG \_\_\_\_\_

Occasionally campers have the opportunity to have their face painted or fingernails painted. \_\_\_\_\_

Biking, scooters and rollerblading around the track behind our camp building is offered to campers. Campers need to supply their own bicycles, scooters or blades. Helmets must be worn at all times by campers participating in these activities. \_\_\_\_\_

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

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 Adventure 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. \_\_\_\_\_

We occasionally rent bounce houses for campers to utilize during special events at camp. \_\_\_\_\_

What activities does your child enjoy doing outside of school?  
\_\_\_\_\_

What is something your child is excited about participating in at Adventure Camp?  
\_\_\_\_\_

Please describe your child's swimming ability and whether or not your child is afraid of swimming or being near the water.  
\_\_\_\_\_

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**CHILD REUNIFICATION – RELEASE FORM**

Attach a recent photo of your child on the back side for quick identification purposes.

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First) (Last) D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 TURN OVER AND CONTINUE ON BACK OF PAGE \***

**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.

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

**ATTACH A RECENT  
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>	

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