



## 2022 February and April School Vacation Camps

<b>LOCATION:</b>	Sunset Heights Elementary School, 15 Osgood Road, Nashua, NH
<b>DATES:</b>	February 28 - March 4, 2022 April 25 – April 29, 2022
<b>TIME:</b>	7:00 A.M. - 6:00 P.M
<b>COST:</b>	Full Time - \$245.00 per week Part-Time - \$50.00 per day, per child

### ENROLLMENT INFORMATION

- **FEBRUARY AND APRIL VACATION CAMP APPLICATIONS** are accepted *via U.S. MAIL, FAX, or, DROP BOX starting on January 17, 2022.*
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- **SPACE IS LIMITED.** Adventure Camp is filled on a first come, first served basis. When enrolling clearly identify all days your child(ren) will be in attendance.
- **WE WILL NOT BE SERVING BREAKFAST.** Your child may bring breakfast with them to eat at the program (in addition to their morning snack and lunch). We provide afternoon snacks.
- **PROGRAM CLOSSES AT 6:00 P.M.** A late fee of **\$1.00 per minute** will be charged to your account for any pick-ups after 6:00 P.M. and may jeopardize future participation, if reoccurring.
- **All past due accounts must be brought current in order to enroll your child for Adventure Camp.** Questions? Call our Billing Office at 882-9080 x 2213 or 2212.
- **A \$15.00 processing fee and \$100.00 tuition deposit for each camp week is required to be paid at the time you submit your application.** The processing fee and tuition deposits are non-refundable/non-transferable. Upon confirmation of enrollment, notification of your remaining balance due will be sent to you.
- If you receive child care assistance through the State of New Hampshire, a portion of your vacation camp costs may be covered. For more information, please call Allison at 882-9080 x 2213.
- **QUESTIONS?** Contact Christina at 882-9080 x2238.


**Please make checks payable to:**

“Nashua Adult Learning Center“

**Mail enrollment packet and fees to:**

ATTN: Adventure Camp  
Adult Learning Center  
4 Lake Street  
Nashua, NH 03060

## WHAT TO BRING TO CAMP DAILY

1. Appropriate clothing for outside play. *Please label all items.*
2. A morning snack and lunch (including a drink). We provide afternoon snacks. Please do not pack any food selections that require refrigeration and/or heating, as we do not have the capability to do either during our camp week. Additionally, please do not pack any glass bottles or containers.
3. Smiles, and a fun attitude! 

## WHAT IS OUR CAMP SCHEDULE?

There are several activities for the campers to participate in while attending Adventure Camp in February and April! Activities such as outdoor play, clubs, arts and crafts, games, STEM enrichment and more!

An example of our camp day is as follows:

- 7:00 AM: Campers begin to arrive, sign up for clubs, activities and free play.
- 9:00 AM: Morning snack time for all campers. *(Campers provide)*
- 10:30 AM: Campers participate in morning clubs and activities.
- 11:45 AM: Lunch and siesta time! Campers are encouraged to bring a book or work on any homework they were assigned to complete over vacation.
- 12:30 PM: Campers participate in outdoor activities. *(Weather permitting)*
- 1:30 PM: Campers participate in afternoon clubs and activities.
- 3:00 PM: We provide an afternoon snack for all campers, and time is given for free play.
- 6:00 PM: Camp is closed for the evening.

## FIELD TRIP INFORMATION

**Friday, March 4, 2022**      **To Be Determined**

We are planning to bring back fieldtrips and are currently working to secure a location for our February fieldtrip, but please be aware that some activities and fieldtrips may be modified or cancelled depending on evolving COVID-19 circumstances. We will do our best to notify you of any changes that occur.

**Friday, April 29, 2022**      **To Be Determined**

We are planning to bring back fieldtrips and are currently working to secure a location for our April fieldtrip, but please be aware that some activities and fieldtrips may be modified or cancelled depending on evolving COVID-19 circumstances. We will do our best to notify you of any changes that occur.

(Please note, field trips are subject to change at any time, with prior notification to parents.)



**CAMP HOURS: 7:00 AM TO 6:00 PM**

**Afternoon snack is included**

A \$15.00 processing fee and \$100.00 tuition deposit for each camp week is required to be paid at the time you submit your application. The processing fee and tuition deposits are non-refundable / non-transferable.

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

**CHILD INFORMATION**

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

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

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Current ALC Participant?  Yes  No

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SCHEDULE:** We are not a "drop in" service. You are required to pay for your child's spot, whether or not your child is in attendance.

	Full Time?  Monday – Friday 2/28/22 to 3/04/22 <input type="checkbox"/>	Part Time? (Check all days that apply)			Estimated drop off time?  _____ AM	Estimated pick up time?  _____ PM
		Monday 2/28/22	<input type="checkbox"/>	Tuesday 3/01/22		
<b>February Camp</b>		Wednesday 3/02/22	<input type="checkbox"/>	Thursday 3/03/22	<input type="checkbox"/>	
		Friday 3/04/22	<input type="checkbox"/>			
	Full Time?  Monday – Friday 4/25/22 to 04/29/22 <input type="checkbox"/>	Part Time? (Check all days that apply)			Estimated drop off time?  _____ AM	Estimated pick up time?  _____ PM
		Monday 4/25/22	<input type="checkbox"/>	Tuesday 4/26/22		
<b>April Camp</b>		Wednesday 4/27/22	<input type="checkbox"/>	Thursday 4/28/22	<input type="checkbox"/>	
		Friday 4/29/22	<input type="checkbox"/>			

**PERMISSION TO ATTEND FIELD TRIPS (FULL TIME PARTICIPANTS ONLY)**

By signing in the designated areas below, you acknowledge and provide permission for your child to participate in and/or be bused to and from Sunset Heights Elementary School to participate in the prescheduled field trips on Friday of the February and April vacation week camps. If you do not wish your child to participate in the prescheduled field trips, you are required to make alternative child care arrangements on those Fridays.

To Be Determined on 03/04/22 Signed: \_\_\_\_\_

To Be Determined on 04/29/22 Signed: \_\_\_\_\_

**\* TURN OVER TO COMPLETE ENROLLMENT FORMS \***

**PARENT / GUARDIAN INFORMATION**

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

Relationship To Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Relationship To Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

**LOCAL EMERGENCY CONTACTS / ADDITIONAL PICK-UP INFORMATION**

*Other than Parent/Guardian. You MUST provide at least one person below. Photo identification must be presented at pick-up. No exceptions.*

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

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

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**UNAUTHORIZED TO PICK UP**

*Legal documentation must be provided to our office if biological parent*

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

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

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PHYSICIAN / EMERGENCY MEDICAL INFORMATION**

**Primary Care Physician**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Preferred Hospital / Emergency Care Center**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Main Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\* CONTINUE ON NEXT PAGE TO COMPLETE ENROLLMENT FORMS \***

## 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 the Nashua Adult Learning Center employees to maintain your child's allergy information in an area accessible to all staff in the event of an emergency. ***I hereby give the Nashua Adult Learning Center permission to maintain my child's allergy information in an accessible area to all staff members for use in the event of an emergency.***

Your signature below indicates permission

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the Nashua Adult Learning Center / Adventure Camp to give my child \_\_\_\_\_ simple first aid when necessary or, in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. Parents will be responsible for all costs incurred in such emergencies.

Your signature below indicates permission

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO PHOTOGRAPH

The Nashua Adult Learning Center / Adventure Camp requests permission to photograph your child, record your child on tape, or audio-visually, while participating in our program for the following purposes: arts and crafts projects, bulletin board displays, participation in program plays or talent shows, use in our brochures, marketing tools, newspaper articles, slide shows, web site advertising or other forms of advertisements. ***I hereby give the Nashua Adult Learning Center permission to use my child's photograph in its materials and audiovisual presentations. I agree that the photographs become the exclusive property of the Adult Learning Center and I waive all rights thereto.***

Your signature below indicates permission

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## SOCIAL / OTHER INFORMATION

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

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**\* TURN OVER TO COMPLETE ENROLLMENT FORMS \***

## NOTE TO PARENTS AND/OR GUARDIANS

The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at:

<https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y';> or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- a. I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group;
- b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group;
- c. I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

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

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



## CHILD REUNIFICATION – RELEASE FORM

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

### CHILD INFORMATION

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Last)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Mother's Name: _____	Father's Name: _____
Mother's Date of Birth: ____/____/____	Father's Date of Birth: ____/____/____
Home: (____) _____ - _____	Home: (____) _____ - _____
Cell: (____) _____ - _____	Cell: (____) _____ - _____
Work: (____) _____ - _____	Work: (____) _____ - _____

Legal Guardian's Name: _____ <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: (\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_

**ATTACH  
PHOTO OF  
YOUR CHILD  
HERE**

**FOR ADVENTURE CAMP FSTAFF 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:***



# ADVENTURE CAMP TUITION AGREEMENT

- DEPOSIT OF \$100 AND A REGISTRATION FEE OF \$15 ARE DUE AT THE TIME OF ENROLLMENT. Registration fees and camp tuition are non-refundable / non-transferable.
- SPACE IS LIMITED. *Adventure* Camp is 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 *Adventure* Camp, you will be charged for the days you select, regardless of whether or not your child attends.
- **Tuition Express** automatic payment processing is required for all families. A new form must be submitted for camp. Tuition payments are automatically withdrawn from your designated bank or credit card account. Please ensure we have your correct email on file. By signing your enrollment packet, you are authorizing the Tuition Express payment method.
- 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 *XPLORATION* CAMP. Questions? Call our Billing Office at 882-9080 x 2213.
- 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.
- ADVENTURE CAMP OPENS AT 7:00 AM AND CLOSSES AT 6:00 PM. 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 6:00PM 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 Allison at 882-9080 x 2213.
- 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 Allison at 882-9080 x 2213.

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 *Adventure* 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