



2022 February and April School Vacation Camps

LOCATION: Sunset Heights Elementary School, 15 Osgood Road, Nashua, NH

DATES: February 28 - March 4, 2022
April 25 – April 29, 2022

TIME: 7:00 A.M. - 6:00 P.M

COST: 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.*
-
- **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"/> | | |
| February Camp | | Tuesday | 3/01/22 | <input type="checkbox"/> | | |
| | | 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"/> | | |
| April Camp | | Tuesday | 4/26/22 | <input type="checkbox"/> | | |
| | | 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.

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?

*** 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:



2021- 2022 TUITION AGREEMENT- NASHUA 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. Please refer to the "Tuition Rates" form when calculating your deposit. Deposit and registration fee will be processed through "Tuition Express" our automatic payment processing service.
- During open enrollment, refunds (*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.
- 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.
- **Tuition Express** automatic payment processing is required for all families. A new form must be submitted each school year. Tuition payments are automatically withdrawn from your designated bank or credit card account. Statements are emailed weekly. Please ensure we have your correct, current email address on file. By signing your enrollment packet, you are authorizing the Tuition Express payment method.
- **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.
- 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. 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 x 2212.
- **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 603-882-9080 x 2212.
- 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. 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 603-882-9080 x 2213.

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