

ALC-2022 SUMMER ADVENTURE CAMP APPLICATION

GROUP 1 Entering 1st grade – Entering 3rd grade

Location:	40 Arlington Street, Nashua, New Hampshire
Time:	7:00 AM – 6:00PM
Cost:	\$250.00 per week / per child (Monday – Friday) \$50.00 per day / per child part time \$40.00 Registration Fee

Application Process: *Children must be 5 years of age and entering 1st grade in the fall of 2022 to attend*

- ◆ Applications will be accepted starting **April 4, 2022**. You can submit applications by mail, fax (603-882-8045) or by dropping them off at 4 Lake Street, Nashua, NH. If dropping off, please use the 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. If you have any questions about your account please contact Allison at 603-882-9080 x 2213
- ◆ 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 and one tank top for each child, which are required to be worn by campers during all field trips.
- ◆ Part time spots are available, but are limited. Call 603-882-9080 x 2212 to check availability.
- ◆ Confirmations are sent via email. 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). Please contact Allison at 603-882-9080 x 2213 for the “*Child Care Provider Verification (Form 1863)*”.

You are strongly encouraged to sign up only for the days your child will attend 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 attends.

Mail enrollment packet and fees to:

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



2022 SUMMER ADVENTURE CAMP ENROLLMENT CHECKLIST

- 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)
- One (1) week tuition payment

*If your enrollment packet is 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: 7:00 AM – 6:00 PM

Cost: \$250.00 per week / per child (Monday-Friday)

\$50.00 per day / per child part-time

\$40.00 Registration Fee per child

(Please use a separate form for each child)

Child's Name: _____ Sex: M ___ F ___ D.O.B: ___/___/___
 School: _____ Grade in September 2022: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent Name: _____ Daytime Phone: (____) _____ - _____
 Email: _____

T-Shirt / tank top size: (check one)	6 - 8 <input type="checkbox"/>	10 – 12 <input type="checkbox"/>	14 – 16 <input type="checkbox"/>	Adult S <input type="checkbox"/>	Adult M <input type="checkbox"/>	Adult L <input type="checkbox"/>
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Schedule: You are strongly encouraged to sign up only for the days our child will attend. 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 attends.

Camp Week	Full-Time Monday-Friday	Part-Time Please check all days that apply					Estimated	
		Mon.	Tues.	Weds	Thurs.	Fri.	Drop off time	Pick up time
6/27/22–7/1/22 <i>Camp Starts 6/28</i>	Tues - Fri <input type="checkbox"/> \$200.00 per child	Mon. *Closed*	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
7/4/22-7/8/22 No Camp July 4 th	Tue - Fri <input type="checkbox"/> \$200.00 per child	Mon. *Closed* *July 4 th *	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
7/11/22– 7/15/22	Mon - Fri <input type="checkbox"/> \$250.00 per child	Mon. <input type="checkbox"/> \$50.00 per child	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
7/18/22-7/22/22	Mon - Fri <input type="checkbox"/> \$250.00 per child	Mon. <input type="checkbox"/> \$50.00 per child	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
7/25/22-7/29/22	Mon - Fri <input type="checkbox"/> \$250.00 per child	Mon. <input type="checkbox"/> \$50.00 per child	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
8/1/22-8/5/22	Mon - Fri <input type="checkbox"/> \$250.00 per child	Mon. <input type="checkbox"/> \$50.00 per child	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
8/8/22-8/12/22	Mon - Fri <input type="checkbox"/> \$250.00 per child	Mon. <input type="checkbox"/> \$50.00 per child	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM
8/15/22-8/19/22	Mon - Fri <input type="checkbox"/> \$250.00 per child	Mon. <input type="checkbox"/> \$50.00 per child	Tues. <input type="checkbox"/> \$50.00 per child	Weds <input type="checkbox"/> \$50.00 per child	Thurs. <input type="checkbox"/> \$50.00 per child	Fri. <input type="checkbox"/> \$50.00 per child	____ AM	____ PM

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-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 10, 2022. After June 10, 2022, 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.
- Should your payment information change 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 any and 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 any and all returned payments.
- Our program closes at 6:00 PM. A late fee of \$1.00 per minute will be charged to your account for any pick-ups after 6:00 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 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 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:** ____ - ____

Group 1 Camper's Name: _____

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. The Medication Requirements and Forms can be found on our website.

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.

Group 1 Camper's Name: _____

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)

On Mondays, Wednesdays & Thursdays, campers walk to Crown Hill Pool for a private swim time between 11:45 AM and 1:30 PM.

Campers may travel by school bus to a NH State Park (Pawtuckaway, Kingston or Greenfield) for a day of sun, fun, swimming, playing and relaxing. Campers leave at 9:30 AM & return by 4:00 PM. **Tank tops must be worn!**

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 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.

Group 1 Camper's Name: _____

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, childcare 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 childcare licensing staff to interview my child at the childcare program separate from his or her class or group.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



CHILD REUNIFICATION – RELEASE FORM

Attach a recent photo of your child on the backside of this form for quick identification purposes.

CHILD INFORMATION

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>	



Automated Payment Processing Safe – Convenient – Easy

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 camp registration fee, plus the deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of my weekly: February, April or Summer camp payments on the due dates stated on my application. (Circle camps that apply)

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____		_____	
Authorized Signature		Date	

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____ \$	Attach Voided Check Here	
_____ Dollars	Deposit slips not accepted	
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of

