



Fall, 2022

Dear Nashua Parents:

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

06/01/2022	Applications accepted <b>via U.S. Mail ONLY</b> during the first two weeks of enrollment. <i>Postmarked no earlier than 06/01/2022.</i>
07/31/2022	Last day to request a refund of tuition deposit. <i>Registration fee is non-refundable.</i>
08/20/2022	Registrations close for a start date of 09/06/2022.

### PROGRAM HOURS

Before School Care: 6:40 AM – beginning of school day

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

### All Students Grades K – 5

First Day of School

**First Day of Program**

August 30, 2022

**September 6, 2022**

## 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 by 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.
- Registrations received after the closing dates listed above may be required to start the program during the second week of school (subject to availability).
- **Prior participation does not guarantee your child’s spot for the new school year.** Everyone must reapply, every year.
- **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.

## 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 a courtesy call advising what items are missing. The packet will be sent back to you via U.S. Mail should we not hear back.
- Completed enrollment packets are processed and confirmations will be sent via email to parents. *Your patience in receiving your confirmation is appreciated.* **Please ensure your email address is correct and legible on your application.**
- Refunds of initial two week tuition deposit (minus the non-refundable registration fee) are issued **only if you cancel on or before July 31, 2022.** After August 1, 2022, tuition deposits are non-refundable, regardless of whether or not your child attends.

“School Age Adventures 2022 – 2023 Family Handbooks” will be available on our website at [nashuaalc.org](http://nashuaalc.org).

Your feedback is important to the success of our program. Please call us at 882-9080 x 2212 if you have any concerns. For more information, visit our website at [nashuaalc.org](http://nashuaalc.org).

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 x 2212 for more information.**



## 2022 – 2023 ENROLLMENT CHECKLIST – NASHUA

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 copy of your child's immunization records (required)
- New copy of your child's annual physical (required)
- Child Reunification – Release form
- Clear, Recognizable and Recent Photograph of your child (required)**
- Registration Fee of **\$50 per child** (non-refundable)
- Two (2) week's tuition (required)
- Allergy Action Plan (if required)

**\*If your enrollment packet is received incomplete:** Our office will provide a 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.

**TO AVOID DELAY OF YOUR CHILD'S ENROLLMENT, PLEASE INCLUDE ALL THE ABOVE LISTED ITEMS WHEN SUBMITTING YOUR APPLICATION.**



<b>2022 – 2023 TUITION RATES</b>							
	<b>Kindergarten Students</b>				<b>Grade 1 + Students</b>		
<b>Weekly:</b> (Full-Time)	<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>		<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>
	\$80.00	\$110.00	\$170.00		\$80.00	\$100.00	\$165.00
<b>Daily:</b> (Part-Time)	<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>		<b>AM Only</b>	<b>PM Only</b>	<b>AM &amp; PM</b>
	\$16.00	\$22.00	\$36.00		\$16.00	\$20.00	\$34.00

We are unable to offer a sibling discount for the 2022 – 2023 school year. Full tuition rates apply for each child signed up to participate.

\* Tuition rates do not include an annual registration fee of **\$50.00 per child**.

<b>2022 – 2023 PAYMENT CALENDAR NASHUA SCHOOL DISTRICT</b>								
<b>9/2/22</b> Paid Tuition Deposit	<b>9/9/22</b> Paid Tuition Deposit	<b>9/16/22</b>	<b>9/23/22</b>	<b>9/30/22</b>	<b>10/7/22</b>	<b>10/14/22</b>	<b>10/21/22</b>	<b>10/28/22</b>
<b>11/4/22</b>	<b>11/11/22</b>	<b>11/18/22</b> No Payment Due	<b>11/25/22</b>	<b>12/2/22</b>	<b>12/9/22</b>	<b>12/16/22</b>	<b>12/23/22</b> No Payment Due	<b>12/30/22</b>
<b>1/6/23</b>	<b>1/13/23</b>	<b>1/20/23</b>	<b>1/27/23</b>	<b>2/3/23</b>	<b>2/10/23</b>	<b>2/17/23</b>	<b>2/24/23</b> No Payment Due	<b>3/3/23</b>
<b>3/10/23</b>	<b>3/17/23</b>	<b>3/24/23</b>	<b>3/31/23</b>	<b>4/7/23</b>	<b>4/14/23</b>	<b>4/21/23</b>	<b>4/28/23</b> No Payment Due	<b>5/5/23</b>
<b>5/12/23</b>	<b>5/19/23</b>	<b>5/26/23</b>	<b>6/2/23</b>					

\*Billed every Friday for upcoming week’s tuition, except where noted.

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)*”. 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



**2022 – 2023 ENROLLMENT / EMERGENCY FORM – NASHUA SCHOOL DISTRICT**

**CHILD INFORMATION**

Program Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

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

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

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

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

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

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

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

Relationship to Child: \_\_\_\_\_

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

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

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

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

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

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

**PHYSICIAN / EMERGENCY MEDICAL INFORMATION**

**Primary Care Physician**

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

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

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

**Preferred Hospital / Emergency Care Center**

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

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

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

## ALLERGY & MEDICAL INFORMATION

Please list any chronic medical conditions or allergies that are important for us to know in case of sudden illness or injury.

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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 form from our website at [nashuaalc.org/](http://nashuaalc.org/)

## 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: \_\_\_\_\_

## 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?

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## 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 to Child: _____ Contact Number: (____) _____ - _____	Name: _____ Relationship to Child: _____ Contact Number: (____) _____ - _____
Name: _____ Relationship to Child: _____ Contact Number: (____) _____ - _____	Name: _____ Relationship to Child: _____ Contact Number: (____) _____ - _____

## UNAUTHORIZED TO PICK UP

Legal documentation and/or Court Order must be provided to our office

Name: _____ Relationship to Child: _____ Contact Number: (____) _____ - _____	Name: _____ Relationship to Child: _____ Contact Number: (____) _____ - _____
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## 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 my 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/verificaton/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 from 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: \_\_\_\_\_



**2022 – 2023 TUITION AGREEMENT – NASHUA SCHOOL DISTRICT**

**THIS FORM MUST BE SIGNED AND RETURNED WITH ENROLLMENT PACKET**

- No changes can be made to yours child’s schedule during the first two weeks of participation in our program.
- Initial two week tuition deposit + a non-refundable registration fee of \$50.00 per child 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, 2022. After August 1, 2022, tuition deposits are non-refundable.
- We reserve the right to increase our fees, if we have to, in January of 2023. 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 8/20/2022 and starting on the first day of our program:** Weekly tuition payments follow the 2022-2023 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 upcoming week’s tuition. Please ensure you follow the payment calendar for the school district your child attends.
- **Full-Time students enrolling after 8/21/2022 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 8/20/2022 or your child attends our program part-time. Payments are processed every Friday, for the upcoming 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 students 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 made for your child must be called in to our School Age Adventures office at 603-882-9080 x 2212.
- Programs close at 6:00 P.M. A late fee of \$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 Allison 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





# 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

#### SECTION A (Credit Card)

\*\*\* I authorize the automatic withdrawal of the \$50.00 per child registration fee + two week tuition in 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)

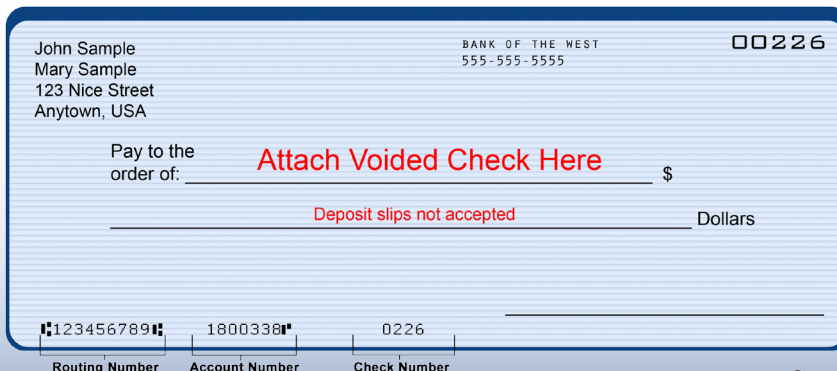
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### 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



A service of





### CHILD REUNIFICATION – RELEASE FORM

Please fill this form out and attach a photo of your child on the next page 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**

<b><i>Name of person child released to:</i></b>	
<b><i>Released by:</i></b>	
<b><i>Proof of ID provided:</i></b>	
<b><i>Date of release:</i></b>	
<b><i>Time of release:</i></b>	
<b><i>Destination:</i></b>	



## 2022 – 2023 Weather 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 the 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 arrive home safe.

### **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 603-882-9080 x 2212.**