

Exploration
What will you discover?

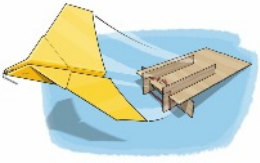









STEM School Vacation Camp

School Vacation Weeks

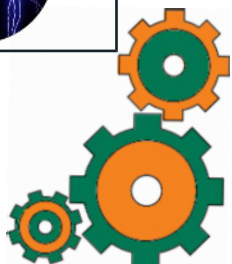
Winter 2/27/23 - 3/3/23 & Spring 4/24/23 - 4/28/23

Main Dunstable Elementary School
20 Whitford Rd, Nashua

- Daily STEM Themed activities
- Sign up for one day or full time
- Daily take home projects
- Hands on learning
- Fun and exciting experiences
- Small group sizes

Monday 2/27	Tuesday 2/28	Wednesday 3/1	Thursday 3/2	Friday 3/3
Up Up and Away 	Out of this World 	Inventors Workshop 	Mad Science 	Engineers Everywhere 
Monday 4/24	Tuesday 4/25	Wednesday 4/26	Thursday 4/27	Friday 4/28
Rube Goldberg Day 	Magic or Science? 	Grossology 	Nature Discovery 	Exciting Electricity 

Enrollment packets and more info:
www.nashuaalc.org





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 copies of immunization and physical (If not currently enrolled in an ALC before or after school program.)
- Child reunification – Release form (With photo of child) Photo may be emailed to jgriffus@nashuaalc.org if you don't have a printer.
- Registration Fee of \$15 per child / per week of STEM camp
- Payment in full upon registration

*If your enrollment packet is received incomplete: Our office will provide one courtesy call advising of 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 added to a wait list.

TO AVOID DELAY OF YOUR CHILD'S ENROLLMENT, PLEASE INCLUDE ALL ABOVE LISTED ITEMS BY THE REQUIRED DATE.



Winter / Spring 2023 XPLORATION CAMP

A STEM based learning camp designed for students grades 2 through 6

Location:	Main Dunstable Elementary School, 20 Whitford Road Nashua, NH 03060		
Time:	8:00 AM to 4:00 PM (*Before and/or after care is not available. Please plan accordingly)		
Dates:	Winter Xploration Camp	Monday 2/27/23 – Friday 3/3/23	
	Spring Xploration Camp	Monday 4/24/23 – Friday 4/28/23	
Registration Fee	\$15.00 per camper / per week		
Cost:	Full-Time 1 week:	\$360 (10% discount applied when registering for full-time, Monday – Friday)	Or
	Full-Time 2 weeks:	\$680 (15% discount applied when registering full-time both weeks)	Or
	Part-Time:	\$80 per workshop theme day	
	** First week plus both registration fees due at time of enrollment **		
	***Second week payment will be processed on April 3 rd ***		

ENROLLMENT INFORMATION

- **IF YOUR CHILD IS NOT A CURRENT SCHOOL AGE ADVENTURES PARTICIPANT** you must provide copies of their immunizations, annual physical and recent photo for the “Child Reunification” form (enclosed) at the time of enrollment. Incomplete enrollments will not be processed.
- **PAST DUE ACCOUNTS MUST BE CURRENT TO ENROLL.** Questions? Call our Billing Office at 882-9080 x 2213.
- **FIRST WEEK AND BOTH REGISTRATION FEES ARE DUE AT THE TIME OF ENROLLMENT.** Registration fee and camp tuition are non-refundable / non-transferable.
- **CHECK OR TUITION EXPRESS ACCOUNT ARE ACCEPTED FOR PAYMENT.** Please complete the Tuition Express form on page # 10.
- **SPACE IS LIMITED.** Xploration 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 workshops, you will be charged for the days you select, whether or not your child is in attendance.
- **APPLICATIONS** may be mailed (see below) or drop off at our 4 Lake St. building.
- **MORNING SNACK AND LUNCH ARE NOT PROVIDED.** Campers must bring a morning snack, lunch and a clearly labeled, refillable water bottle with them to the program.
- **XPLORATION CAMP OPENS AT 8:00 AM AND CLOSSES AT 4:00 P.M.** There is no before and/or after camp coverage. Please plan accordingly. Parents must sign in / sign out their child(ren) each day. A late fee of **\$1.00 per minute** will be charged to you for any pick-ups after 4:00 P.M. and may jeopardize future participation.
- **IF YOU RECEIVE CHILD CARE ASSISTANCE THROUGH THE STATE OF NEW HAMPSHIRE** a portion of your Xploration Camp may be covered. For more information, please call Allison at 882-9080 x 2213.
- **QUESTIONS?** Call 882-9080 x 2205.

Please make checks payable to:	“Nashua Adult Learning Center”
Mail completed enrollment and fees to:	ATTN: Xploration Camp Adult Learning Center 4 Lake Street Nashua, NH 03060

WHAT TO BRING TO XPLORATION CAMP DAILY

1. Comfortable clothing for *Xploration* Camp, as we move around frequently and are active
2. A morning snack and lunch (including a drink), as well as a clearly labeled, refillable water bottle. Please do not pack any food selections that require refrigeration and/or heating, as we do not have the capability to do either during camp time. Additionally, please do not pack any glass bottles or containers.

WHAT IS OUR CAMP SCHEDULE?

Xploration Camp opens at 8:00 AM and ends at 4:00 PM. Workshops change daily and times may be adjusted depending on the activity scheduled. An example of our *Xploration* Camp day is as follows:

8:00 -8:30 AM: Campers arrive and attendance is taken. Introduction to daily activities.

8:30 AM: *Xploration* Camp workshops begin.

10:15 AM: Break for morning snack (*campers bring from home*).

10:30 AM: *Xploration* Camp workshops continue.

11:30 AM: Lunch (*campers bring from home*) and creative free time.

12:00 PM: *Xploration* Camp workshops continue.

1:30 PM: Creative free time

2:30 PM: Snack (provided)

3:00 PM: *Xploration* Camp workshops continue

4:00 PM: Students are dismissed and *Xploration* Camp is closed for the evening.

Will kids have time to be kids? 😊

- Weather permitting, outdoor time will be incorporated into each workshop day.
- There will be plenty of time for children to play and be crafty when not engaged with STEM activities.
- We encourage our campers to socialize, play and be creative during all STEM days.
- Campers will learn something new every day but they won't even know it's happening.
- If signing up for both weeks, *Yes activities are different with plenty of variety.



CAMP HOURS: 8:00 AM TO 4:00 PM

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.

Submit a separate enrollment form for each child you are registering. Thank you.

CHILD INFORMATION

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

School Name: _____ Grade: _____ Current ALC Participant? Yes No

PARENT / GUARDIAN CONTACT INFORMATION

Name: _____

Relationship To Child: _____

Address: _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Email Address: _____

Name: _____

Relationship To Child: _____

Address: _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Email Address: _____

ADDITIONAL AUTHORIZED ADULTS TO PICK UP

Name: _____

Relationship To Child: _____

Address: _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Email Address: _____

Name: _____

Relationship To Child: _____

Address: _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Email Address: _____

FIRST WEEK TUITION AND REGISTRATION FEES ARE DUE AT THE TIME OF ENROLLMENT. The second week of camp will be processed on April 3rd. Sign up only for the days your child will attend. *Xploration* Camp is not a “drop in” service. Due to limited availability and supply costs required for our *Xploration* Camp workshops, you will be charged for the days you select, regardless of whether or not your child attends.

Date	Winter Monday 2/27/23 – Friday 3/3/23 Winter Xploration Camp Activity Description (Daily take home projects)	Cost (10% discount for full-time)	Check box & initial each day your child will attend
Monday 02/27/2023	Up Up And Away: Things that fly have amazed people for decades! Campers will build and experiment with different types of flight mechanisms. Many projects will be available to take home.	\$80.00 per day	<input type="checkbox"/> _____
Tuesday 02/28/2023	Out Of This World: What does it take to be an astronaut? Science and engineering is a big part of it but that is not all. Campers will explore what makes space travel possible and simulate planet landings.	\$80.00 per day	<input type="checkbox"/> _____
Wednesday 03/01/2023	Inventors Workshop: A day filled with enough creativity for an invention convention. Campers will be challenged to solve a “real world problem” by inventing something to help. Design and develop a prototype.	\$80.00 per day	<input type="checkbox"/> _____
Thursday 03/02/2023	Mad Science: Can you laugh like a mad scientist? Campers explore fun and safe chemical reactions. Fog filled bubbles, different types of slime and mixing bubbling potions are just a few of the fun activities.	\$80.00 per day	<input type="checkbox"/> _____
Friday 03/03/2023	Engineers Everywhere: Engineers work hard every day to solve real world problems. We will have a busy day of building and construction challenges.	\$80.00 per day	<input type="checkbox"/> _____
Date	Spring Monday 4/24/23 – Friday 4/28/23 Spring Xploration Camp Activity Description (Daily take home projects)	Cost (10% discount for full-time)	Check box & initial each day your child will attend
Monday 04/24/2023	Rube Goldberg Day: He was a famous cartoonist during the early 1900’s. He designed very complicated contraptions which had chain reactions that performed a simple task. Campers will explore and design their own complicated contraption. We will even work to make a giant version of a Rube Goldberg machine as a large group.	\$80.00 per day	<input type="checkbox"/> _____
Tuesday 04/25/2023	Magic or Science?: A magician has the ability to leave an audience speechless but a magician uses science to trick people. That’s right, it’s not magic, it’s science. Campers will learn a few tricks to fool others.	\$80.00 per day	<input type="checkbox"/> _____
Wednesday 04/26/2023	Grossology: Let’s face it, kids are fascinated by “gross” things. This day will be filled with messy / gross activities. We will even take a look inside Owl pellets and discover their last meal.	\$80.00 per day	<input type="checkbox"/> _____
Thursday 04/27/2023	Nature Discovery: Nature is all around us and nature is science! Campers spend time outdoors in the woods learning about trees, engineering in the woods and discovering creatures that live in nature.	\$80.00 per day	<input type="checkbox"/> _____
Friday 04/28/2023	Exciting Electricity: Electricity is used every day and has become a large part of our lives. Let’s take a day to safely experiment with electricity, explore uses of electricity and build circuits.	\$80.00 per day	<input type="checkbox"/> _____

Tuition Calculations:

- **Part-time:** \$80 X _____ (# of days) + \$15(registration fee per child / per week) = _____
- **Full-time 1 week:** \$360(10% discount applied) + \$15 (registration fee per child) = _____
- **Full-time 2 weeks:** \$680(15% discount applied) + \$15 (registration fee per child / per week)= _____

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 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 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 Adult Learning Center / *Xploration* 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 Adult Learning Center / *Xploration* Camp requests permission to photograph your child, record your child on tape, or audio-visually, while participating in our program for the following purposes: bulletin board displays, general participation in program, use in our brochures, marketing tools, newspaper articles, slide shows, social media and 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: _____

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.

PLEASE CONTINUE ON THE NEXT PAGE

XPLORATION TUITION AGREEMENT

- **FIRST WEEKS TUITION AND REGISTRATION FEES ARE DUE AT THE TIME OF ENROLLMENT.** Second weeks tuition will be processed on April 3rd. Registration fees and camp tuition are non-refundable / non-transferable.
- **SPACE IS LIMITED.** *Xploration* 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 *Xploration* Camp Workshops, you will be charged for the days you select, regardless of whether or not your child attends.
- **CHECK OR TUITION EXPRESS ACCOUNT ARE ACCEPTED FOR PAYMENT.** Please complete a Tuition Express form on page #10 unless you are paying for both camps in full.
- **IF YOUR TUITION EXPRESS PAYMENT INFORMATION CHANGES FOR ANY REASON,** please update the Billing Office at 603-882-9080 x 2213 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.
- **XPLORATION CAMP OPENS AT 8:00 AM AND CLOSSES AT 4:00 P.M.** There is no before and after camp coverage. Parents must sign for any pick-ups after 4:00 P.M. and may jeopardize future participation.in / sign out their child(ren) each day. A late fee of \$1.00 per minute will be charged/billed to you
- **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 603-882-9080 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 Vanti 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 *Xploration* 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

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:** _____

PRE-SCREEN PROCESS ACKNOWLEDGEMENT

In an effort to keep campers and staff safe, a pre-screening check in process will be utilized. Temperatures will be taken and questions asked of each person prior to entrance into our camp building. If any person's temperature exceeds 100.4°F or if cough is present, that child or staff member shall be sent home

While at camp your child will be in contact with other children, families and camp employees, to may be at risk of exposure to communicable diseases (COVID-19, strep throat, influenza, etc.) By signing below, you acknowledge that even with restrictions, guidelines and practices in place to reduce exposure, there is a potential risk your child may be *exposed to communicable illnesses that may be carried by persons who are asymptomatic before any signs of infection are shown.*

By signing below, you acknowledge that in order for your child to attend camp, they must be free from all symptoms of communicable diseases, including but not limited to fever, cough, shortness of breath, sneezing, chills, sore throat, muscle aches, etc., and remain symptom free for a minimum of 24 hours before they may return to camp.

Your signature also acknowledges you assume all risk and liability of sending to camp, and hold The ALC / Xploration Camp harmless from any type of claim or litigation as a result of potential exposure to communicable diseases.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

**A NEW TUITION EXPRESS FORM MUST BE ATTACHED TO YOUR
REGISTRATION IF NOT PAYING BY CASH OR CHECK IN FULL.
Please complete page # 10 and submit it with your enrollment. Thank you.**



CHILD REUNIFICATION – RELEASE FORM

IF YOUR CHILD IS NOT A CURRENT SCHOOL AGE ADVENTURES PARTICIPANT: Please fill this form out and attach a photo of your child on the back 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: _____ <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: (____) _____ - _____

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.

**ATTACH
PHOTO OF
YOUR CHILD
HERE**

FOR XPLORATION CAMP STAFF 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:	



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 fees + first weeks deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of my weekly payment for February and/or April Camp.

SECTION A (Credit Card)

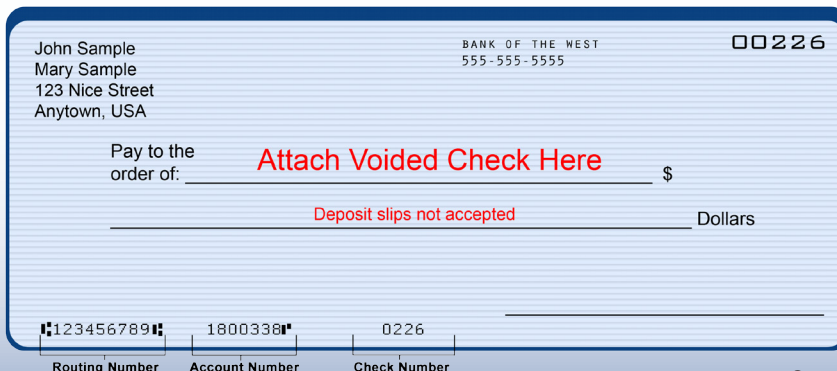
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

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



A service of

