



2023 February and April School Vacation Camps

Location:	Sunset Heights Elementary School, 15 Osgood Road, Nashua, NH
Dates:	February 27 – March 3, 2023 April 24 – April 28, 2023
Time:	7:00 A.M. – 6:00 P.M.
Cost:	Full Time: \$250.00 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 at 4 Lake St. starting on January 2, 2023.*
- **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 CLOSING 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.
- **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 Casey at 882-9080 x 2220.

Fax #: 603-882-8045

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

Please review the parent handbook and Emergency Operation Plan on our website.
<https://nashuaalc.org/for-children/adventure-camp/>

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 many fun activities for the campers to participate in while attending Adventure Camp in February and April! Outdoor play, clubs, arts and crafts, games, 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).
- 9:30 AM: Campers participate in outdoor activities. (Weather permitting)
- 9:45 AM: Morning meeting
- 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 3, 2023

Beaver Brook 117 Ridge Rd, Hollis, NH

The S.T.E.M. of **Maple Sugaring!** Students will use measuring tapes, hand drills, spiles, and buckets to set their taps. They then learn how to collect sap buckets and add them to the wood-fired evaporator pan in the sugarbush where they can see evaporation, condensation, and combustion in action. Students can take a taste test to see if they can tell the difference between syrup from a tree and syrup from corn.

Friday, April 28, 2023

Animal Adventures Family Zoo & Rescue Center- 336 Sugar Rd. Bolton, MA

Campers will get to have an interactive learning experience with the animals.

(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. (with picture) 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

Phone: (_____) _____ - _____

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

	Full Time? Monday – Friday 2/27/23 to 3/03/23 <input type="checkbox"/>	Part Time? (Check all days that apply)		Estimated drop off time? _____ AM	Estimated pick up time? _____ PM
		Monday	2/27/23		
February Camp		Tuesday	3/38/23	<input type="checkbox"/>	
		Wednesday	3/01/23	<input type="checkbox"/>	
		Thursday	3/02/23	<input type="checkbox"/>	
		Friday	3/03/23	<input type="checkbox"/>	
	Full Time? Monday – Friday 4/24/23 to 4/28/23 <input type="checkbox"/>	Part Time? (Check all days that apply)		Estimated drop off time? _____ AM	Estimated pick up time? _____ PM
		Monday	4/24/23		
April Camp		Tuesday	4/25/23	<input type="checkbox"/>	
		Wednesday	4/26/23	<input type="checkbox"/>	
		Thursday	4/27/23	<input type="checkbox"/>	
		Friday	4/28/23	<input type="checkbox"/>	

PERMISSION TO ATTEND FIELD TRIPS

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.

Beaver Brook 3/03/23 Signed: _____

Animal Adventures 4/28/23 Signed: _____

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: () _____ - _____

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, with a photo of your child for identification purposes. Forms are printable on our website under "medication requirements and forms".

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?

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: _____

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>	

TUITION AGREEMENT

- All Nashua Adult Learning Center accounts must be current in order to enroll your child in camp.
- **A \$15.00 processing fee per child per week and \$100.00 tuition deposit for each week of camp 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.
- Tuition payments are automatically withdrawn from your designated Tuition Express bank account or credit card account the Friday before the camp week, 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 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 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 camp.

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

*** I authorize the automatic withdrawal of the initial camp registration fees + \$100 per week 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

