Fall, 2025

Dear Nashua Parents:

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

06/02/2025	Applications accepted **via U.S. Mail ONLY during the first two weeks of enrollment.** *Postmarked no earlier than 06/02/2025.*
06/16/2025	Applications in person – 4 Lake St. (9-3) or use drop box any time or USPS
07/31/2025	Last day to request a refund of tuition deposit. *Registration fee is non-refundable.*
08/18/2025	Registrations close for a start date of 09/02/2025.

We will continue to accept registrations after 8/18/25 for a later start date.

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 our Program**
August 26, 2025	**September 2, 2025**

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 dropped off in person, 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 the Tuition Express form with billing information (we do not need a paper check) 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 a week after the start of programs. (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. Your registration will not be processed until we have the missing item(s).

- Completed enrollment packets are processed and confirmations will be sent via email to parents.. **Please ensure your email address is correct and legible on your application.** Contact us if you have not heard from us within 3 weeks. Check you junk/SPAM folder for confirmation. Contact the office with any questions. 603-882-9080X2212

- Refunds of initial one week tuition deposit (minus the non-refundable registration fee) are issued **only if you cancel on or before July 31, 2025.** After August 1, 2025, tuition deposits are non-refundable, regardless of whether or not your child attends.

"Make Sure You Read Our School Age Adventures 2025 – 2026 Family Handbook" available on our website at www.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.

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.

School Age Adventures
Right in Your Neighborhood School

2025 – 2026 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 7:30 A.M.

In the event of program cancellation, payment for the day is applied to the required make-up day in June.

Inclement Weather

► School District announces cancellation of all after school activities or early dismissal

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 - 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 where to pick up your child. Parents must plan ahead for alternate coverage in these situations.

Questions? Please speak to your Site Director or call our office at 603-882-9080 x 2212.

2025 – 2026 ENROLLMENT CHECKLIST – NASHUA

The items below are required to complete your child's enrollment.

DO NOT DOUBLE-SIDE SUBMITTED DOCUMENTS.

- ☐ Enrollment / Emergency form (completed and signed)
- ☐ Tuition Agreement (signed)
- ☐ Tuition Express Form filled out to deduct from your credit card or checking account the Registration Fee of $50 per child (non-refundable) and 1 week tuition deposit.
- ☐ New copy of your child's immunization records (required)
- ☐ New copy of your child's annual physical (required)
- ☐ Child Reunification – Release form to include:
- ☐ **Small, Clear, Recognizable and Recent Photograph of your child.** (school photo works best)
- ☐ Allergy Action Plan (if required find forms on our website)

***If your enrollment packet is received incomplete**: Our office will provide a courtesy call advising what items are missing.

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

We use a prorated tuition system. Families will be charged their weekly rates despite any 1 day holidays, scheduled early release days, etc. After the initial deposit we charge for 35 weeks. We will not charge a weekly rate for any FULL WEEK long break from school (Winter Break, February and April Vacation or for the Thanksgiving Week.)

2025 – 2026 TUITION RATES							
	Kindergarten Students				Grade 1 + Students		
Weekly: (Full-Time)	**AM Only**	**PM Only**	**AM & PM**		**AM Only**	**PM Only**	**AM & PM**
	$85.00	$115.00	$195.00		$85.00	$105.00	$185.00
Daily: (Part-Time)	**AM Only**	**PM Only**	**AM & PM**		**AM Only**	**PM Only**	**AM & PM**
	$20.00	$30.00	$50.00		$20.00	$25.00	$45.00

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

2025 – 2026 PAYMENT CALENDAR NASHUA SCHOOL DISTRICT								
8/29/25 Paid Tuition Deposit	**9/5/25**	**9/12/25**	**9/19/25**	**9/26/25**	**10/3/25**	**10/10/25**	**10/17/25**	**10/24/25**
10/31/25	**11/7/25**	**11/14/25**	**11/21/25** No Payment Due	**11/28/25**	**12/5/25**	**12/12/25**	**12/19/25** No Payment Due	**12/26/25** No Payment Due
1/2/26	**1/9/26**	**1/16/26**	**1/23/26**	**1/30/26**	**2/6/26**	**2/13/26**	**2/20/26** No Payment Due	**2/27/26**
3/6/26	**3/13/26**	**3/20/26**	**3/27/26**	**4/3/26**	**4/10/26**	**4/17/26**	**4/24/26** No Payment Due	**5/1/26**
5/8/26	**5/15/26**	**5/22/26**	**5/29/26**	**6/5/26**				

***Billed every Friday for upcoming week's tuition, except where noted.**
***There are no after school programs on scheduled early release days.**
*** We are instituting a fee for schedule changes see Tuition Agreement**

Tuition assistance may be available to qualified families through the New Hampshire Department of Health and Human Services (NH DHHS). Please contact Mysty 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, 1-800-852-0632 or 1-844-275-3447.

School Age Adventures
Right in Your Neighborhood School

2025 – 2026 ENROLLMENT / EMERGENCY FORM – NASHUA SCHOOL DISTRICT

CHILD INFORMATION

Program Start Date: _____

School Name: _____ Grade: _____

Child's Name: _____ Gender: _____ 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: _____

Full Address: _____

_____

Cell: _____

Email: _____

Employer Name: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Full Address: _____

_____

Cell: _____

Email: _____

Employer Name: _____

Work Phone: _____

PHYSICIAN / EMERGENCY MEDICAL INFORMATION

Primary Care Physician

Name: _____

Address: _____

_____

Office Number: _____

Preferred Hospital / Emergency Care Center

Name: _____

Address: _____

_____

Office 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. ANY medication dispensed during program hours such as Over The Counter Medicine and Prescription Medicine AND Severe Allergies/Life Threatening Medical Conditions **ALL require paperwork to be filled out and submitted before the first day of attendance at our program.** Forms are printable from our website under "Medication Requirements and Forms". If your physician has an Allergy Alert Form please submit it or print and use the form from our website.

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 School Age Adventures / 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

School Age Adventures / 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 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?

LOCAL EMERGENCY CONTACTS / ADDITIONAL PICK-UP INFORMATION

Other than Parent/Guardian, YOU MUST provide at least one person below. Photo ID must be presented at pick-up. No Exceptions

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Contact Number: _____	Contact Number: _____
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Contact Number: _____	Contact Number: _____

UNAUTHORIZED TO PICK UP

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

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Contact Number: _____	Contact Number: _____

NOTE TO PARENTS AND/OR GUARDIANS

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care 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, extension 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at the 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. Please indicate whether licensing staff may speak with your child while they are with their class or group:

☐ I give permission for child care licensing staff to speak with my child while with their class or group.

☐ I do not give my permission for child care licensing staff to speak with my child while with their class or group.

If licensing staff believes your child may have specific information regarding an alleged event at the child care 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:

☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at: https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing

School Age Adventures
Right in Your Neighborhood School

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 evacuation be required.

CHILD INFORMAITON

School Name: _____ Grade: _____

Child's Name: _____ D.O.B: _____
(First) (Last)

Address: _____ City: _____ State: _____ Zip: _____

PARENT / GUARDIAN INFORMATION

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
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: _____
Cell: _____	Cell: _____
Work: _____	Work: _____

In the event of an incident and your child is relocated to 4 Lake Street 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 A <u>SMALL, CLEAR, RECENT,</u>

<u>RECOGNIZABLE</u> SCHOOL PHOTO OR

HEAD SHOT OF

YOUR CHILD HERE

FOR SCHOOL AGE CARE 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:	

2025-2026 Tuition Agreement. 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 $50.00 per child will be charged to the payment method provided on your Tuition Express Acct. at the time of enrollment.
- We use a prorated tuition system. Families will be charged their weekly rates despite any 1 day holidays, scheduled early release days, etc. We will not charge a weekly rate for any FULL WEEK breaks from school and the Thanksgiving Week.
- During open enrollment, refunds (minus the non-refundable registration fee) are issued only if you cancel on or before July 31, 2025. After August 1, 2025, tuition deposits are non-refundable.
- All Nashua Adult Learning Center accounts must be current to enroll in any of our programs.
- **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. The Nashua Adult Learning Center will charge a $15.00 fee per returned transaction. Questions: call Accounting at 603-882-9080 x2213.
- Payments and documentation are not accepted at the individual programs. Documentation must be submitted to our office at 4 Lake Street, Nashua, NH 03060.
- **Holidays**: If your child attends part time and school is closed for a holiday, you may choose another day IN THE SAME WEEK – subject to availability. There are **NO REFUNDS** for Monday or other holidays. Contact the office for availability 882-9080 x2212.
- **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.

  Change Fee – Effective this year you will be permitted to change your permanent schedule ONCE. After that a $5.00 maintenance fee will be applied to each request to change a child's permanent schedule after initial enrollment.
  - Part-time children schedule changes are subject to availability. If the day you wish to add to your child's schedule is unavailable, you will be informed.
  - Additional days can only be accommodated with advance notification and is subject to availability. You will be charged a daily fee. SWAPPING DAYS IS NOT PERMITTED.
- 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 dismiss 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.
- I/we have read the Parent Handbook accessed online at www.nashuaalc.org/for-children/school-age-adventure-club

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

Procare SOLUTIONS

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. 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 Please do not send a live check. Complete this form only.

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

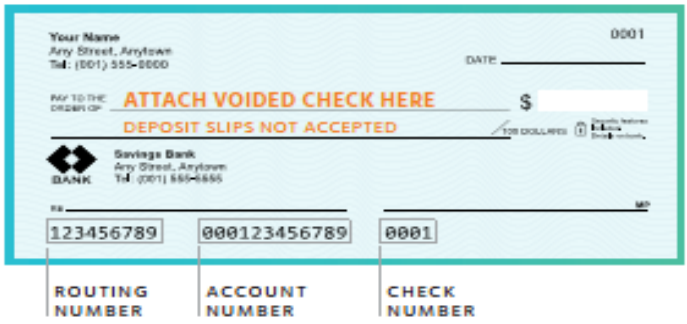
Your Name _____ Phone # _____

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) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

Date Received _____

Employee Signature _____

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