

ALC-2009 SUMMER ADVENTURE CAMP APPLICATION
GROUP 1 Entering 1st Grade – Entering 3rd Grade

Applications for Adventure Club members may be **mailed only** beginning March 23rd.
4 Lake St. Nashua, NH 03060

Members and non-members may apply in person or by mail beginning April 1st.
Space is limited!

Please use a separate form for each child.

Name of Child: _____ School: _____ Grade in Sept. 09: _____

Name of Parent: _____ Address: _____

Daytime Phone: (____) _____ - _____ Zip Code: _____

During school child requires: IEP _____ 504 Plan _____ 1x1 paraprofessional _____
Please explain: _____

Where: 40 Arlington St., Nashua

Time: 7:15 A.M. - 6:00 P.M. **Cost:** \$145/wk (\$123.25/wk each additional child).

OR

Time: 6:30 A.M. - 6:00 P.M. **Cost:** \$155/wk (\$131.50/wk each additional child)
Breakfast included

Application Process:

- ◆ Circle week or weeks desired on back of this form.
- ◆ Enclose \$25 deposit per camp week that you sign up for (reduced rates = \$10/wk).
- ◆ Enclose \$20 application fee per child; includes the cost of a T-shirt and tank top.
- ◆ Circle T-shirt / tank top size – to be worn on field trip days.
- ◆ Enclose additional \$ if you requested extra shirts.
- ◆ All Adventure Club payments must be current to enroll in camp.
- ◆ *A confirmation will be mailed to you.*

Reduced rates apply. Space is limited. Call 882-9080 x 212 for your cost.

T-shirt / tank top size: 6-8 10-12 14-16 Adult Small Adult Medium
(Circle one)

Check here to order an extra T-shirt _____ (additional \$10.00)

Check here to order an extra tank top _____ (additional \$10.00)

Application fee and your deposit are non-transferable and non-refundable
Refunds, minus the deposit and application fee, will be given if you cancel on or
before May 4th.

Indicate week (s) needed on the back of this form

Name: _____

***** OPTION 1 *****

Week(s)	Cost	Date Balance Due
=====	=====	=====
* June 29 -July 2 (closed 7/3)	116.00	6/01/09
* July 6 - July 10	145.00	6/15/09
* July 13 -July 17	145.00	6/15/09
* July 20 -July 24	145.00	6/29/09
* July 27 -July 31	145.00	6/29/09
* Aug 3 -Aug. 7	145.00	7/13/09
* Aug. 10 -Aug. 14	145.00	7/13/09
* Aug. 17 -Aug. 21	145.00	7/27/09
** Aug. 24 -Aug. 26	97.00	7/27/09

CAMP IS CLOSED FRIDAY, JULY 3rd

***Part time available (M, W, TH) = \$35/day**

****No part time available**

An additional \$10/child charge has been added to the last week of camp to help cover the cost of fieldtrips.

If your family needs additional early hours, select OPTION 2. We open at 6:30. Breakfast will be served. Numbers accepted will be limited.

***** OPTION 2 *****

Week(s)	Cost	Date Balance Due
=====	=====	=====
* June 29 -July 2 (closed 7/3)	124.00	6/01/09
* July 6 -July 10	155.00	6/15/09
* July 13 -July 17	155.00	6/15/09
* July 20 -July 24	155.00	6/29/09
* July 27 -July 31	155.00	6/29/09
* Aug. 3 -Aug. 7	155.00	7/13/09
* Aug. 10 -Aug. 14	155.00	7/13/09
* Aug. 17 -Aug. 21	155.00	7/27/09
** Aug. 24 -Aug.26	103.00	7/27/09

CAMP IS CLOSED FRIDAY, JULY 3rd

***Part time available (M, W, TH) = \$37/day**

****No part time available**

An additional \$10/child charge has been added to the last week of camp to help cover the cost of fieldtrips.

ALC-2009 SUMMER ADVENTURE CAMP APPLICATION
GROUP 2 Entering 4th Grade – Completed 6th Grade

Applications for Adventure Club members may be **mailed only** beginning March 23rd.
4 Lake St. Nashua, NH 03060

Members and non-members may apply in person or by mail beginning April 1st.
Space is limited!

Please use a separate form for each child.

Name of Child: _____ School _____ Grade in Sept. 09: _____

Name of Parent: _____ Address: _____

Daytime Phone: (____) _____ - _____ Zip Code: _____

During school child requires: IEP _____ 504 Plan _____ 1x1 paraprofessional _____

Please explain: _____

Where: 40 Arlington St., Nashua

Time: 7:15 A.M. - 6:00 P.M. **Cost:** \$145/wk (\$123.25/wk each additional child).

OR

Time: 6:30 A.M. - 6:00 P.M. **Cost:** \$155/wk (\$31.75/wk each additional child)

Breakfast included

Application Process:

- ◆ Circle week or weeks desired on back of this form.
- ◆ Enclose \$25 deposit per camp week that you sign up for (reduced rates = \$10/wk).
- ◆ Enclose \$20 application fee per child; includes the cost of a T-shirt and tank top.
- ◆ Circle T-shirt / tank top size – to be worn on field trip days.
- ◆ Enclose additional \$ if you requested extra shirts.
- ◆ All Adventure Club payments must be current to enroll in camp.
- ◆ *A confirmation will be mailed to you.*

Reduced rates apply. Space is limited. Call 882-9080 x 212 for your cost.

T-shirt / tank top size: 10-12 14-16 Adult Small Adult Medium Adult Large

(Circle one)

Check here to order an extra T-shirt _____ (additional \$10.00)

Check here to order an extra tank top _____ (additional \$10.00)

Application fee and your deposit are non-transferable and non-refundable
Refunds, minus the deposit and application fee, will be given if you cancel on or
before May 4th.

Indicate week (s) needed on the back of this form

**2009 SUMMER TUITION AGREEMENT – PLEASE SIGN AND RETURN
WITH YOUR APPLICATION**

• **Tuition payments are due:**

6/1/09 6/15/09 6/29/09 7/13/09 7/27/09

Your camp confirmation has the amount you owe.

Checks payable to: Adventure Camp

Mail to: Adventure Camp
4 Lake Street
Nashua, NH 03060

- Please write your **child's name and tuition payment date** on the check.
- Refunds, minus the application fee and deposit, will be given only if you cancel on or before **May 4, 2009**. After the 4th, you are still responsible to pay for the weeks you selected whether your child attends or not.
- **There is a \$15.00 charge for all returned checks.**
- Past due accounts will be at risk for disenrollment and may be sent for collection.
- If you are receiving reduced rates and there is a change in eligibility or contact information; you are required to notify the school age care office immediately. All charges incurred as a result of status changes will be your responsibility.
- Contact the Billing/Collections Mgr. at 882-9080 x 213 with any questions regarding your account.

**I have read the above Tuition Agreement and understand it is my responsibility to
comply with the items listed above.**

_____ _____/_____/_____
Parent Signature Date

*****FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE*****

Date _____
 Checked ProCare _____ Balance SAC _____ Camp _____ ECAP _____
 Full Time Part time – M W TH
 DHS 1 2 3
 Schol. 1 2
 SNHMC fee x .20
 Check # _____ Amt. _____
 Cash _____ Amt. _____