

Fall 2010

Dear Parents,

Welcome to the world of School Age Care. My goal is to make the Adventure Club enrollment process run as smooth as possible.

- Applications will be accepted by **MAIL ONLY** postmarked on or after May 10<sup>th</sup>.
- Applications will be accepted in person or mail beginning May 24<sup>th</sup>.
- **If you want your child in the program starting the first week of school we must have your completed registration by Monday, August 23<sup>rd</sup>.**
- Registrations received on and after August 24<sup>th</sup> will have to wait and start the program on September 6<sup>th</sup>.
- Due to the number of enrollments, schedule changes will not be accepted prior to September 13<sup>th</sup>. Plan carefully!
- You will receive a Parent Handbook in September.
- Parents of Kindergarten students please call us to see if we can accommodate your child in either our before or after school program.
- If you would like additional information, including reduced rates, please call JoAnn at 882-9080 x 212.
- Refunds, minus the registration fee, will be given up to July 31, 2010.
- **Registration Fee and Deposit are nonrefundable after August 1, 2010!**

**Returning and new Adventure Club participants must submit a complete application, including the following:**

- **Completed** emergency information forms.
- Signed medical emergency statement.
- Immunizations - **WE NEED A COPY EVERY YEAR.**
- NH state law requires all participants to have a completed health form/physical on file dated after June 30, 2009. **We need a copy every year.**
- **Signed** tuition agreement.
- First two weeks' tuition. (non-refundable/non-transferable after 7/31/10)
- Registration fee of \$40.00 per family (non-refundable/non-transferable).
- You will receive written or oral confirmation of enrollment after 7/6/10. Checks will be deposited after 7/1/10.
- If you do not receive a written confirmation, call 882-9080 x 212 to confirm your enrollment.
- **YOUR ENROLLMENT WILL BE DELAYED IF:** (1) Your packet arrives incomplete or (2) you have an outstanding balance with the Adventure Club/Camp. We will make every reasonable effort to contact you if there is a problem.

**Enrollment is not complete without the above information. Priority will be given to full time enrollments. Part time slots are limited; please contact the office for availability.**

Your feedback is important to the success of our program. Please call me at 882-9080 x 242 if you have any questions or concerns.

Sincerely,

*Lois Parsons*  
Coordinator

# ADVENTURE CLUB

## EMERGENCY INFORMATION



School \_\_\_\_\_ Grade \_\_\_\_\_ Starting Date \_\_\_/\_\_\_/\_\_\_

AM – Full Time (4 or 5 days) PM – Full Time (4 or 5 days)  
AM - Part Time M-T-W-Th-F (circle 1, 2 or 3 days) PM – Part Time M-T-W-Th-F

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

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_

### Parent(s) or Guardian(s) legally responsible for child:

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

Street: \_\_\_\_\_ Street: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_

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

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

During school day child requires: IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ 1 x 1 paraprofessional \_\_\_\_\_

Explain: \_\_\_\_\_

Special instructions including allergies, health problems, and medication:

\_\_\_\_\_  
\_\_\_\_\_

### PICK-UP AUTHORIZATIONS:

LOCAL EMERGENCY CONTACT PERSON: (Other than Parent or Guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

ADDITIONAL PICK-UP AUTHORIZATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

UNAUTHORIZED TO PICK-UP: (Legal Documentation Required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL EMERGENCY STATEMENT**

I give permission for the Adult Learning Center 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.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Hospital Preference                      Signature of Parent or Guardian                      Date

*Adventure Club 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, Newspapers, participation in program plays or talent shows.*

*Your signature indicates permission.* \_\_\_\_\_

**IMMUNIZATION AND INFECTIOUS DISEASE HISTORY COPY HERE OR ATTACH A COPY**

	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	
Polio - Oral (OPV)						
Polio – Salk (OPV)						
Diphtheria (DPT)						
Tetanus (DPT)						
Whooping Cough(DPT)						
Measles (MMR)						
Mumps (MMR)						
Rubella (MMR)						
Chicken Pox						
Scarlet Fever						
HIB						

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 <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852-3345, extension 4624 or 603-271-4624

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children’s response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

For more information about child Care Licensing please visit our website at:  
[www.dhhs.state.nh.us/DHHS/BCCL/default.htm](http://www.dhhs.state.nh.us/DHHS/BCCL/default.htm)

## ADVENTURE CLUB CLOSURE - 2010/2011

- A) If the school day is cancelled there will be no morning or afternoon programs.
- B) If there is a morning delay, the morning programs will begin at 6:30 am for those students enrolled in the mornings and dismiss when the delay is over. Afternoon programs will run as scheduled.
- C) If the school district calls for an emergency early release through a phone blitz and/or public notification for THE FOLLOWING SCHOOL DAY the morning programs will begin at 6:30 am and there will be NO AFTERNOON PROGRAMS.
- D) If the school district calls for an emergency early release through a phone blitz and/or public notification on the SAME DAY BEFORE THE SCHOOL DAY BEGINS the morning programs will begin at 6:30 am and there will be NO AFTERSCHOOL PROGRAMS.
- E) If the school district calls for an emergency early release AFTER THE SCHOOL DAY HAS BEGUN your child will attend the program as scheduled. You will be notified and expected to pick up your child as soon as possible. There will be shortened hours at the after school program.
- F) If there is an emergency evacuation and the students are not allowed back in the building, there will be no after school program and you will be expected to pick up your child as soon as you receive the phone blitz message from school.

\*PLEASE KEEP THIS FORM AS A REMINDER!\*

TUITION AGREEMENT – PLEASE SIGN AND RETURN WITH YOUR PACKET

- Two week’s tuition along with a registration fee of \$40.00 per family is required at enrollment.
- We will accept credit cards for future payments of 4 or more weeks of tuition.
- You can arrange with your own bank for automatic payment of tuition through Bill Payer.
- We do not send monthly invoices. Tuition is due according to the payment schedule.

**Checks payable to:** Adult Learning Center  
**Mail to:** 4 Lake Street  
 Nashua, NH 03060

- Please write your **child’s name and school** on the check.
- **There is a \$15.00 charge for all returned checks.**
- Accounts that are 2 or more weeks behind will be at risk for disenrollment and may be sent for collection. You will be notified.
- A full week notice for changes to schedules and withdrawals is required. Call us at 882-9080 X 212. If you leave us a message we will call back to confirm. Please call again if you don’t hear from us.
- **There is a \$1.00 per minute late fee for pick-ups after 6:00 pm**
- School morning delays are included in the Before School Program.
- Scheduled Early Release is included in the After School Program
- If you are receiving reduced rates and there is a change in eligibility, 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 account questions.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian Signature Date

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

Date \_\_\_\_\_ Processed by \_\_\_\_\_

• Checked ProCare \_\_\_\_\_ Balance SAC \_\_\_\_\_  
 Camp \_\_\_\_\_  
 ECAP \_\_\_\_\_

- |                            |                                   |
|----------------------------|-----------------------------------|
| • AM-Full Time             | • DHS Step _____                  |
| • AM- Part Time M T W Th F | • Weekly Fee _____                |
| • PM- Full Time            | • Reg Fee _____                   |
| • PM- Part Time M T W Th F | • Total Due (2 weeks + Reg) _____ |
|                            | • Check # _____ AMT _____         |
|                            | • Cash # _____ AMT _____          |
|                            | • CC # _____ AMT _____            |

## ADVENTURE CLUB PAYMENT SCHEDULE – 2010-2011

*Hudson, Litchfield, Merrimack and Nashua*

- Tuition payments have been divided into 36 equal weekly installments for 180 school days.
- We offer a 2<sup>nd</sup> child discount for full time students only.
- Payments cover delay openings and scheduled early release days.
- First two payments are due at the time of enrollment along with the registration fee. Payments are due according to the schedule below.
- Schedule/attendance changes must be reported to the **School Age Care Office** at (603) 882-9080 x 212. We require a 1 week notice to implement changes or cancellations.

**Weekly Rates:** 4 or 5 days per week.

	<b>A.M. Only</b>	<b>P.M. Only</b>	<b>A.M. /P.M. Combined</b>
1 Child	\$40.00	\$60.00	\$100.00
2 Children	74.00	111.00	185.00

**Daily Rates:** 1, 2 or 3 days per week.

10.00	15.00	25.00
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**Hudson Memorial Rates:** \$45.00 per week \$15.00 per day

### Payment due dates:

08/30	10/11	11/29	01/24	03/14	05/02
09/06	10/18	12/06	01/31	03/21	05/09
09/13	10/25	12/13	02/07	03/28	05/16
09/20	11/01	01/03	02/14	04/04	05/23
09/27	11/08	01/10	02/28	04/11	05/30
10/04	11/15	01/17	03/07	04/18	06/06

- You can arrange with your own bank for automatic payment through Bill Payer.
- WE ACCEPT CREDIT CARDS TO PAY 4 OR MORE WEEKS.
- Payments may be brought to the office or mailed to: Adult Learning Center-SAC  
4 Lake St.  
Nashua, NH 03060
- Please indicate your child's name and school on your check.
- Contact JoAnn at 882-9080 x 212 for information on reduced rates.
- WE DO NOT SEND WEEKLY/MONTHLY INVOICES.
- Keep this schedule for your records.

***No payments will be accepted at the Adventure Club programs***