

ALC-2010 SUMMER ADVENTURE CAMP APPLICATION
GROUP 1 Entering 1st Grade – Entering 3rd Grade

Applications for Adventure Club members will be accepted by **mail only** postmarked on or after March 24th to 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. 10: _____

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:** \$160/wk (\$136/wk each additional child).

OR

Time: 6:30 A.M. - 6:00 P.M. **Cost:** \$170/wk (\$145/wk each additional child)

Breakfast included

Application Process:

- ◆ Circle week or weeks desired on back of this form.
- ◆ Enclose \$25 deposit per camp week per child that you sign up for (reduced rates = \$10/wk).
- ◆ Enclose \$20 registration 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)

**Registration fee and your deposit are non-transferable and non-refundable.
Refunds, minus the deposit and registration fee, will be given if you cancel on or
before May 3rd.**

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

Name: _____

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

Week(s)	Cost	Date Balance Due
=====	=====	=====
* June 28 -July 2	160.00	6/07/10
* July 6 - July 9 (closed 7/5)	128.00	6/07/10
* July 12 -July 16	160.00	6/21/10
* July 19 -July 23	160.00	6/21/10
* July 26 -July 30	160.00	7/05/10
* Aug 2 -Aug. 6	160.00	7/05/10
* Aug. 9 -Aug. 13	160.00	7/19/10
* Aug. 16 -Aug. 20	160.00	7/19/10
** Aug. 23 -Aug. 24	64.00	8/02/10

CAMP IS CLOSED MONDAY, JULY 5th

***Part time available (M, W, TH) = \$40/day**

****No part time available**

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 28 -July 2	170.00	6/07/10
* July 6 -July 9 (closed 7/5)	136.00	6/07/10
* July 12 -July 16	170.00	6/21/10
* July 19 -July 23	170.00	6/21/10
* July 26 -July 30	170.00	7/05/10
* Aug. 2 -Aug. 6	170.00	7/05/10
* Aug. 9 -Aug. 13	170.00	7/19/10
* Aug. 16 -Aug. 20	170.00	7/19/10
** Aug. 23 -Aug.24	68.00	8/02/10

CAMP IS CLOSED MONDAY, JULY 5TH

***Part time available (M, W, TH) = \$45/day**

****No part time available**

ALC-2010 SUMMER ADVENTURE CAMP APPLICATION
GROUP 2 Entering 4th Grade – Completed 6th Grade

Applications for Adventure Club members will be accepted by **mail only** postmarked on or after March 24th to 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. 10: _____

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:** \$160/wk (\$136/wk each additional child).

OR

Time: 6:30 A.M. - 6:00 P.M. **Cost:** \$170/wk (\$145/wk each additional child)

Breakfast included

Application Process:

- ◆ Circle week or weeks desired on back of this form.
- ◆ Enclose \$25 deposit per camp week per child that you sign up for (reduced rates = \$10/wk).
- ◆ Enclose \$20 registration 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)

Registration fee and your deposit are non-transferable and non-refundable.
Refunds, minus the deposit and registration fee, will be given if you cancel on or before May 3rd.

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

**2010 SUMMER TUITION AGREEMENT – PLEASE SIGN AND RETURN
WITH YOUR APPLICATION**

• **Tuition payments are due:**

6/7/10 6/21/10 7/05/10 7/19/10 8/02/10

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 registration fee and deposit, will be given only if you cancel on or before **May 3, 2010** After the 3rd, you are 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 _____
Check # _____ Amt. _____
Cash _____ Amt. _____