



Fall, 2016

Dear Parents:

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

May 9- May 20	Enrollment packets are accepted <u>by U.S. Mail only</u> . MUST BE POSTMARKED NO EARLIER THAN MAY 9 TH BY THE POST OFFICE.
May 23 - Forward	Enrollment packets accepted via U.S. Mail, fax and hand-delivery only.
July 31	Requested tuition deposit refunds (minus non-refundable \$50.00 registration fee) are processed and returned through <u>7/31/16</u> .
August 1	Registration fees and tuition deposit are non-refundable, starting 8/1/16
August 12	Registration closes for Nashua, Hudson and Litchfield Schools
August 19	Registration closes for Hollis and Merrimack Schools

FIRST DAY OF SCHOOL

Litchfield:	August 29, 2016
Hudson and Nashua:	August 30, 2016
Merrimack:	September 6, 2016
Hollis:	To be determined

IMPORTANT REMINDERS FOR PARENTS

PLEASE READ ALL DOCUMENTS CONTAINED WITHIN THIS ENROLLMENT PACKAGE BEFORE REGISTERING YOUR CHILD SO YOU ARE UP TO DATE ON ALL POLICY AND PROCEDURE CHANGES. Thank you.

- **ENROLLMENT PACKETS ARE ACCEPTED ON A FIRST COME, FIRST SERVE BASIS.** Prior program participation does not guarantee your child's eligibility for the new school year. To secure your child's spot, all documents and fees listed on the attached "**Enrollment Checklist**" must be submitted at the time of registration.
- During the first two weeks of participation in our School Age Care program, **no changes may be made to your child's schedule.** When enrolling your child, please ensure you clearly identify all days they will be in attendance in our program during the first two weeks.
- **MANY PROGRAMS FILL UP QUICKLY.** If you are in need of care for the new school year, do not delay registration or your child may be placed on a "*Wait List*" status.
- Part-time spots are limited and accepted on a first come, first serve basis.

- Registrations received after the above listed closing dates may be eligible to start the program during the second week of school, but only if openings are available.
- **EVERYONE**, including prior School Age Adventure participants, must submit a new, completed Enrollment packet, including copies of required health forms, in order to be eligible for the 2016/2017 school program year. No exceptions.

WHAT HAPPENS AFTER SUBMISSION OF YOUR ENROLLMENT PACKET?

- Enrollment packets are accepted on a first come, first serve basis, date stamped and reviewed for completeness by the School Age Care office.
- Parents and/or Guardians who submit incomplete enrollment packets will receive a courtesy call from our office, informing them of what items are missing. All missing items must be received by our office within twenty-four hours of that courtesy call, or the entire package will be returned via U.S. Mail, and the next enrollment packet will be processed. This could result in your child being placed on a "Wait List" status.
- Completed and approved enrollment packets are processed through our School Age Care office and Billing Department. Upon completion of processing, confirmation postcards will be sent via U.S. Mail to the eligible child's parent and/or guardian.
- Refunds of initial tuition deposits, minus the non-refundable registration fee are issued only if you cancel on or before July 31, 2016. ***After July 31, 2016, initial tuition deposits are non-refundable, regardless whether or not your child attends.***
- *"Before and After School Adventure Club 2016 – 2017 Family Handbooks"* and *"Payment Schedule"* magnets will be available on the first day of the program, at each individual program site.

Your feedback is important to the success of our program. Please call me at 882-9080 x 242 if you have any concerns. For more information, visit our website at www.adultlearningcenter.org.

Sincerely,

Lois Parsons

Adventure Club Coordinator



ENROLLMENT CHECKLIST

The following documents and fees are **required** to complete your child's enrollment:

- Completed Enrollment / Emergency form.
- Completed, signed and dated Tuition Agreement.
- Completed, signed and dated Tuition Express payment agreement form.
- New or updated copies of your child's immunization records and proof of annual physical from your primary care physician **dated after 6/30/2015** (this is a NH licensing requirement). Please be aware, new forms must be submitted with your enrollment packet, even if your child participated in the prior year's program (no exceptions).
- Two (2) weeks paid tuition.
- Annual registration fee of **\$50.00 per family**.

IF YOUR ENROLLMENT PACKET IS RECEIVED BY OUR OFFICE INCOMPLETE, our office will provide one courtesy call to you to advise you what is missing. A voicemail will be left for any unanswered phone calls. If the missing items are not received by our office within twenty-four hours of that courtesy call, your enrollment packet will be returned to you via U.S. Mail with written notification as to what is missing. Our office will then process the next eligible child's completed packet. Incomplete enrollment packets may delay confirmation of enrollment of your child and/or cause your child to be placed on a "wait list" status.

TO AVOID ANY DELAY OF YOUR CHILD'S ENROLLMENT, PLEASE ENSURE ALL ABOVE LISTED DOCUMENTS AND FEES ARE SUBMITTED BY THE REQUIRED DUE DATE.

Please make checks payable to:

"Nashua Adult Learning Center"

Mail enrollment packet and fees to:

ATTN: School Age Care
Adult Learning Center
4 Lake Street
Nashua, NH 03060

Questions? Call 603/882-9080 x212 for more information.

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, please list the information below. **If your child requires medication, we must have the following 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, and a photo of your child for identification purposes.

FOR ALL ALLERGIES REQUIRING MEDICATION: New Hampshire State Licensing Regulations requires your signature for the Adult Learning Center to maintain your child's allergy information in an area accessible to all Staff in the event of an emergency. ***I hereby give the Adult Learning Center absolute 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

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the Adult Learning Center / School Age Adventures (Adventure Club) 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

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

SOCIAL / OTHER INFORMATION

What do we need to know in order to help your child be successful in our program? What are your child's likes? Dislikes?

PERMISSION TO PHOTOGRAPH

School Age Adventures (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: 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 Adult Learning Center absolute 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)

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

ALTERNATE PICK-UP INFORMATION

Local Emergency Contacts: *(Other than Parent or Guardian. YOU MUST PROVIDE AT LEAST ONE ALTERNATE PICK-UP BELOW.)*

Photo identification must be presented at the time of pick-up. No exceptions.

Name: _____ Relationship: _____ Contact Number: (____)____ - _____	Name: _____ Relationship: _____ Contact Number: (____)____ - _____
--	--

Additional Pick-Up Authorizations:

Photo identification must be presented at the time of 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: (____)____ - _____
--	--

NOTE TO PARENTS AND/OR GUARDIANS

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 9025 or 603-271-9025

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 visit the website at www.dhhs.nh.gov/oos/cclu



2016 - 2017 TUITION AGREEMENT

THIS FORM MUST BE SIGNED AND RETURNED WITH ENROLLMENT PACKET

PLEASE READ THIS ENTIRE TUITION AGREEMENT BEFORE SIGNING SO YOU ARE UP TO DATE ON ALL POLICY AND PROCEDURE CHANGES. Thank you.

- During the first two weeks of participation in our School Age Care program, **no changes may be made to your child's schedule**. When enrolling your child, please ensure you clearly identify all days they will be in attendance in our program during the first two weeks.
- **Initial down payment:** Two (2) weeks tuition and an annual, non-refundable registration fee of \$50.00 per family is required to be paid at the time of enrollment. Please refer to the **"Tuition Rates"** form of your enrollment packet for more information.
- Initial down payment and registration fee may be paid via credit card, check or money order. For convenience, the initial down payment and registration fee may also be processed via the account designated on your **"Tuition Express"** form included in your enrollment packet.
- During open enrollment (May through July), refunds of initial tuition deposit (minus the non-refundable registration fee) are issued **only if you cancel on or before July 31st**. After July 31st, initial tuition deposits are non-refundable.
- Sign up for **Tuition Express** automatic payment processing is required for all families. Weekly tuition payments are processed by our Billing Office via **"Tuition Express"**. Please refer to the **Tuition Express** form in your enrollment packet for more information. **PLEASE NOTE: Even if you utilized Tuition Express in prior years, we need a new Tuition Express form with your enrollment packet.**
- Tuition payments are automatically withdrawn from your designated **Tuition Express** bank or credit card account each Friday. Please refer to the **"2016-2017 Payment Calendar"** contained in your enrollment packet for more information.
- **Payments are not accepted at the individual programs.** Payments are accepted at our Billing Office at 4 Lake Street, Nashua, NH between the hours of 7:00 AM to 4:00 PM, Monday through Friday. For convenience, a payment drop-box is located outside of the Billing Office and accessible until 6:00 PM.
- Account statements are emailed to parents and/or guardians weekly. **Please ensure we have your correct email address.**
- **All schedule/attendance changes for your child need to be called into our School Age Care Office at 882-9080 x 212.** Please do not report changes in your child's schedule directly to the individual programs.
- Other than unavoidable illness, we require a minimum one-week notice to implement changes.
- **Dis-enrollments must be called into our School Age Care Office at 882-9080 x212, no later than the Wednesday prior to their end date in our program. Failure to contact our office on or before the Wednesday prior to your child's end date in our program will result in your account being charged for the following week's tuition.**
- If your child attends our Program on a part-time basis only and you wish to "add" additional days, they may not be unavailable. Some of our Programs may have a "wait list" status. If the day you wish to add is unavailable, you will be informed of the wait list status and given the option to be added to the wait list. Upon a spot becoming available, you be contacted by our office.

- If your child is eligible for and/or receiving child care assistance through the State of New Hampshire, you must arrange for your child to be linked to the Adult Learning Center School Age Care program. While your child is attending our program, any changes in eligibility or cost share must be reported to our Billing Office at 882-9080 x 214. Parents and/or guardians are responsible for all tuition payments until State payments are issued to our Billing Office. Upon receipt of the Notice of Decision, accounts will be evaluated for any credits to be issued. Please note, we have no control over State mandated cost shares, Step levels, payment amounts, and/or the length of time that State takes to issue a Notice of Decision. All charges not covered by the State of New Hampshire are the sole responsibility of the parent and/or guardian.
- Full-time weekly tuition payments include delayed openings and all pre-scheduled early release days. Our program is not open on days when the School Districts are closed.
- **Subject to availability**, part-time students may be eligible to participate in pre-scheduled early release days for an additional **\$25.00 charge**. We require one week's notice for changes, so please plan accordingly. If the program your child participates in has a "wait list" status, we may not be able to accommodate your request for early release day coverage. Contact the School Age Care office at 603/882-9080 x212 to check availability and scheduling.
- Our programs close 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.** Repeated late pick-up may result in disenrollment of your child from our program.
- We reserve the right to dis-enroll your child from our program, at any time, for non-payment of fees, repeated late pickups or child or parent behavior that causes a safety concern or disruption to our staff or program participants. Please refer to our "**Family Handbook**" for more information.
- Tuition rates are subject to change at any time, with prior written notice to all account holders.
- Questions on Tuition Express, payments or billing? Please contact our Billing Office at 882-9080 x 214.

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

Parent or Guardian Signature

____/____/____
Date

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Date _____

Processed by _____

ProCare Reviewed By: _____

Previous Balance Owed? SAC: \$ _____ Camp \$ _____ ECAP \$ _____

DHHS eligible? ____ Yes ____ No Step Number ____ Cost Share: \$ _____

• AM: Full Time

Weekly Tuition Amount: \$ _____

• AM: Part-Time M T W TH F

Annual Per Family Registration Fee: \$ _____

• PM: Full Time

Initial Down Payment (2 weeks + Registration Fee): \$ _____

• PM: Part-Time M T W TH F

Payment By: Check _____ Money Order _____ Cash _____

Credit Card _____ Tuition Express: _____



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 registration fee, plus a two week deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of my weekly payments on the due dates listed on my payment schedule.

SECTION A (Credit Card)

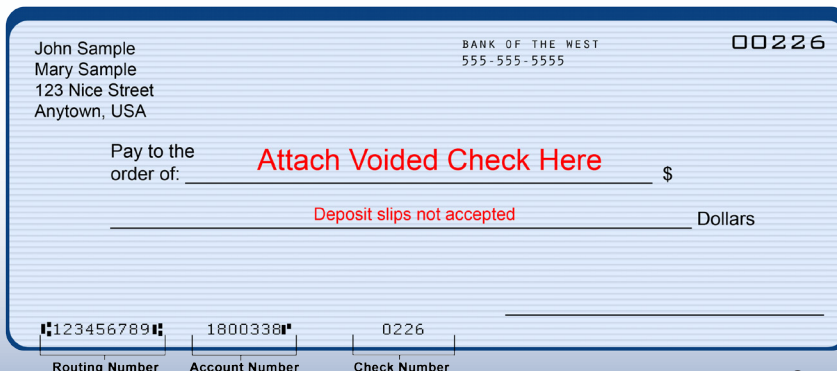
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

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



A service of





TUITION RATES (*)

Hollis, Hudson, Litchfield, Merrimack and Nashua

Elementary Schools:

Weekly Rate:	<u>A.M. Only</u>	<u>P.M. Only</u>	<u>A.M. & P.M. Combined</u>
1 child	\$ 60.00	\$ 80.00	\$115.00
2+ children**	\$111.00	\$148.00	\$212.75
Daily Rate:	<u>A.M. Only</u>	<u>P.M. Only</u>	<u>A.M. & P.M. Combined (Full-Time)</u>
	\$ 12.00	\$ 16.00	\$ 25.00

Elm Street & Hudson Memorial Middle Schools:

Weekly Rate:	<u>P.M. Only</u>	Daily Rate:	<u>P.M. Only</u>
1 child	\$ 60.00		\$ 16.00
2 children**	\$111.00		

*Tuition rates as of 1/06/2017. Tuition rates are subject to change at any time, with prior written notice to all account holders.

**A fifteen percent (15%) discount is extended to families with multiple students attending our program on a full-time basis (Monday through Friday). This discount does not apply to those students attending part-time.

2016 – 2017 PAYMENT CALENDAR

09/09/16	09/16/16	09/23/16	09/30/16	10/07/16	10/14/16	10/21/16	10/28/16	11/04/16
11/11/16	11/25/16	12/02/16	12/09/16	12/16/16	12/30/16	01/06/17	01/13/17	01/20/17
01/27/17	02/03/17	02/10/17	02/17/17	03/03/17	03/10/17	03/17/17	03/24/17	03/31/17
04/07/17	04/14/17	04/28/17	05/05/17	05/12/17	05/19/17	05/26/17		

During the first two weeks of participation in our School Age Care program, **no changes may be made to your child's schedule.** When enrolling your child, please ensure you clearly identify all days they will be in attendance in our program during the first two weeks.

Tuition payments are based on 180 school day calendar. We divide 180 school days into 36 installment payments (which includes the required two weeks deposit). Please note, Tuition Rates are subject to change at any time, with prior written notice to all account holders.

Weekly tuition payments factor all pre-scheduled early release days only if your child was previously enrolled to participate on those days. **Subject to availability,** part-time students may be eligible to participate in pre-scheduled early release days **for an additional \$25.00 charge.** If the program your child participates in has a "wait list" status, we may not be able to accommodate your request for early release day coverage. Contact the School Age Care office at 603/882-9080 x212 to check availability and scheduling.

Weekly tuition payments are charged on the Friday prior to the program week. Specific weekly tuition payment dates are listed on the above "2016-2017 Payment Calendar". Payments are processed through our "Tuition Express" automatic payment system. Statements are emailed weekly. Please see "Tuition Express" form for more information.

Other than unavoidable illness, we require a minimum one-week notice to implement changes to your child's schedule. All schedule or attendance changes for your child must be called into our School Age Care office at 882-9080 x 212.

If your child attends our program on a part-time basis and you wish to add additional days, please be aware, we may not be able to accommodate your requested change. Some programs have a "Wait List" status. If the day you wish to add to your child's schedule is unavailable, you will be informed of the wait list status and given the option to be added to the wait list. Upon a spot becoming available for your child, you will be contacted by our office.

Tuition assistance may be available to qualified families through the New Hampshire Department of Health and Human Services (NH DHHS). Upon request, our office can fill out and provide you with a "Child Care Provider Verification (Form 2530)". For additional information about child care assistance, please visit the NH DHHS website at <https://nheasy.nh.gov/> or contact the Southern District Office, 3 Pine Street Extension, Suite Q, Nashua, NH 03060, (603) 883-7726 or (800) 852-0632.

Questions on weekly tuition payments or billing? Contact our Billing Department at 882-9080 x 214.



2016 – 2017 Club Delay and Cancellation Policy

Cancellations and Delayed Start

1. **If the School District cancels school** for the day, **our program is cancelled.**
2. If School District has a **delayed start due to inclement weather:**

Hollis, Hudson and Litchfield morning programs will continue to start at 6:30 A.M.

Merrimack and Nashua will start at 7:00 A.M.

Emergency / Early Release Days

1. If the School District issues an emergency early release notification through a phone blast and/or public notification **on the night before a storm:**

Our morning programs will continue to run, on time.

Our afternoon programs **will be cancelled.**
2. If the School District issues an emergency early release notification through a phone blast and/or public notification **on the same day before the school day begins:**

All morning programs will continue to run, on time.

All afternoon programs **will be cancelled.**
3. If the School District issues an emergency early release **after the school day has begun and the children are already in school:**

There will be shortened hours at our after school program.

Parents are required to pick their children up from our program as soon as possible, and within a reasonable time frame to ensure our Staff is able to return home safely.

Emergency Evacuations

If the School District and/or individual Schools **issue an emergency evacuation, and the students are not allowed back into the building,** there will be no after school program. Your School District and/or individual School will provide information to you in their phone blast where to pick up your child.

Thank you for your understanding. If you have any questions please speak directly with your Site Director, or contact the School Age Care Office at 882-9080 x 212.