

ALC-2017 SUMMER ADVENTURE CAMP APPLICATION

GROUP 1 Entering 1st Grade – Entering 3rd Grade

Must be 6 years of age to attend camp

Where:	40 Arlington Street, Nashua, New Hampshire		
Time:	7:15 A.M. - 6:00 P.M.	Cost:	\$200.00*/week (\$170.00/week each additional child).
	OR		
Time:	6:30 A.M. - 6:00 P.M.	Cost:	\$210.00*/week (\$178.50/week each additional child) <i>Breakfast included</i>

Application Process:

- ◆ **Applications for current Adventure Club Members will be accepted BY MAIL ONLY postmarked on or after March 28, 2017. Please mail to 4 Lake St. Nashua, NH 03060.**
- ◆ Members and Non-members may apply in person or mail **beginning April 4, 2017**.
- ◆ The week or weeks you wish your child to attend must be circled on the back of this form.
- ◆ A \$25.00 deposit per camp week /per child is required with your application. Your deposit will be applied directly to the total cost for the Summer Camp program.
- ◆ An additional \$35.00 registration fee per child is required with your application(s). The registration fee includes one camp T-shirt and one tank top per child. T-shirts and tank tops are required to be worn by campers during field trips.
- ◆ Extra shirts and tank tops may be purchased for an additional fee. Please enclose the additional cost with your application.
- ◆ All Adventure Club accounts **must** be current to enroll in camp.
- ◆ A confirmation will be mailed to you. *If you do not receive a confirmation, please call 882 – 9080 x 238 for more information.*

Registration fees and deposits are non-transferable and non-refundable. Refunds, minus the deposit and registration fee, will be issued only if you cancel on or before June 1, 2017.

(*) Reduced rates may apply through the NH Department of Health and Human Services. Re-determination for full time rates must be submitted. Space is limited. Call Debi at 882-9080 x 212 for more information.

Please use a separate form for each child

Name of Child: _____ Name of Parent: _____

Address: _____ Zip Code: _____

DOB: _____ School: _____ Grade in Sept. 2017: _____

Daytime Phone:(____)____-____ Email: _____

T-shirt & tank top size: 6-8 10-12 14-16 Adult S Adult M Adult L

(Please circle size needed)

Check here to order an extra T-shirt _____ (add \$10.00) / tank top _____ (add \$10.00)

PLEASE CIRCLE CAMP WEEK(S) ON THE BACK OF THIS FORM YOUR CHILD WILL BE ATTENDING.

Camper's name: _____

Please circle all weeks your child will be attending. Thank you!

OPTION 1 (7:15 AM – 6:00 PM)

<u>Week(s)</u>	<u>Cost</u>	<u>2nd child</u>	<u>Date Balance Due</u>
* June 28-30 (Wednesday - Friday)	\$120.00	\$102.00	06/09/2017
* July 3-7 (Closed July 4 th)	\$160.00	\$136.00	06/16/2017
* July 10-14	\$200.00	\$170.00	06/23/2017
* July 17-21	\$200.00	\$170.00	06/30/2017
* July 24-28	\$200.00	\$170.00	07/07/2017
* July 31-August 4	\$200.00	\$170.00	07/14/2017
* August 7-11	\$200.00	\$170.00	07/21/2017
* August 14-18 (\$10/child added for Canobie)	\$210.00	\$180.00	07/28/2017
** August 21-23 (Field trips all 3 days)	\$150.00	\$150.00	08/04/2017

CAMP IS CLOSED TUESDAY, JULY 4th

* Part time available (M, W, TH) = \$50/day

**Part time available (M, T, W) = \$50/day

OPTION 2 (6:30 AM – 6:00 PM)

(Breakfast is included. Space is limited)

<u>Week(s)</u>	<u>Cost</u>	<u>2nd Child</u>	<u>Date Balance Due</u>
* June 28-30 (Wednesday - Friday)	\$126.00	\$107.10	06/09/2017
* July 3-7 (Closed July 4 th)	\$168.00	\$142.80	06/16/2017
* July 10-14	\$210.00	\$178.50	06/23/2017
* July 17-21	\$210.00	\$178.50	06/30/2017
* July 24-28	\$210.00	\$178.50	07/07/2017
* July 31-August 4	\$210.00	\$178.50	07/14/2017
* August 7-11	\$210.00	\$178.50	07/21/2017
* August 14-18 (\$10/child added for Canobie)	\$220.00	\$188.50	07/28/2017
** August 21-23 (Field trips all 3 days)	\$150.00	\$150.00	08/04/2017

CAMP IS CLOSED TUESDAY, JULY 4th

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*How did you hear about us? _____

ALC-2017 SUMMER ADVENTURE CAMP APPLICATION

GROUP 2 Entering 4TH Grade – Completing 6th Grade

Where: 40 Arlington Street, Nashua, New Hampshire

Time: 7:15 A.M. - 6:00 P.M. **Cost:** \$200.00*/week (\$170.00/week each additional child).

OR

Time: 6:30 A.M. - 6:00 P.M. **Cost:** \$210.00*/week (\$178.50/week each additional child)
Breakfast included

Application Process:

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- ◆ Members and Non-members may apply in person or mail beginning April 4, 2017.
- ◆ The week or weeks you wish your child to attend must be circled on the back of this form.
- ◆ A \$25.00 deposit per camp week /per child is required with your application. Your deposit will be applied directly to the total cost for the Summer Camp program.
- ◆ An additional \$35.00 registration fee per child is required with your application(s). The registration fee includes one camp T-shirt and one tank top per child. T-shirts and tank tops are required to be worn by campers during field trips.
- ◆ Extra shirts and tank tops may be purchased for an additional fee. Please enclose the additional cost with your application.
- ◆ All Adventure Club accounts **must** be current to enroll in camp.
- ◆ A confirmation will be mailed to you. *If you do not receive a confirmation, please call 882 – 9080 x 238 for more information.*

Registration fees and deposits are non-transferable and non-refundable. Refunds, minus the deposit and registration fee, will be issued only if you cancel on or before June 1, 2017.

(*) Reduced rates may apply through the NH Department of Health and Human Services. Re-determination for full time rates must be submitted. Space is limited. Call Debi at 882-9080 x 212 for more information.

Please use a separate form for each child

Name of Child: _____ Name of Parent: _____

Address: _____ Zip Code: _____

DOB: _____ School: _____ Grade in Sept. 2017: _____

Daytime Phone:(____)____-____ Email: _____

T-shirt & tank top size: 6-8 10-12 14-16 Adult S Adult M Adult L

(Please circle size needed)

Check here to order an extra T-shirt _____ (add \$10.00) / tank top _____ (add \$10.00)

PLEASE CIRCLE CAMP WEEK(S) ON THE BACK OF THIS FORM YOUR CHILD WILL BE ATTENDING.

Camper's name: _____

Please circle all weeks your child will be attending. Thank you!

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* August 7-11	\$200.00	\$170.00	07/21/2017
* August 14-18 (\$10/child added for Canobie)	\$210.00	\$180.00	07/28/2017
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CAMP IS CLOSED TUESDAY, JULY 4th

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OPTION 2 (6:30 AM – 6:00 PM)

(Breakfast is included. Space is limited)

<u>Week(s)</u>	<u>Cost</u>	<u>2nd child</u>	<u>Date Balance Due</u>
* June 28-30 (Wednesday - Friday)	\$126.00	\$107.10	06/09/2017
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* July 10-14	\$210.00	\$178.50	06/23/2017
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*How did you hear about us? _____

2017 SUMMER CAMP TUITION AGREEMENT

Please sign below and return with your application

Summer Camp tuition payments are due and/or charged through Tuition Express on the following Fridays:

- JUNE, 2017: **June 9, June 16, June 23, and June 30, 2017;**
- JULY, 2017: **July 7, July 14, July 21, and July 28 2017; and**
- AUGUST, 2017: **August 4, 2017.**

Registration fee and Deposit payable by check. Checks should be made payable to "**Nashua Adult Learning Center**" and mailed or dropped off to our office located at: Adult Learning Center, 4 Lake Street, Nashua, NH 03060.

To ensure your account is properly credited, please write your child's name and tuition payment date on your check.

TUITION AGREEMENT

- All accounts **must be current** in order to enroll your child in Summer Camp. Any past due accounts will be at risk for dis-enrollment and may be sent to collections.
- **A \$25.00 non-refundable deposit per camp week /per child is required at registration.** We have two payment options:
 1. You may pay in full for all Summer Camp tuition at the time of registration; or
 2. You may pay the weekly Summer Camp deposit and have the balance of the tuition auto-drafted through Tuition Express in accordance with the above referenced Payment Schedule.
- **An additional \$35.00 non-refundable registration fee per child** is required with your application.
- A \$15.00 insufficient funds fee will be applied to your account for any and all returned checks.
- A \$1.00 per minute late fee will be applied to your account for any pick-ups after 6:00 PM.
- If you receive reduced rates through the NH Department of Health and Human Services (NH DHHS) and a change to your determination or eligibility is made, you must notify our office immediately. Any charges not covered by NH DHHS are your responsibility and must be paid accordingly.
- Refunds, minus the non-refundable registration fee and non-refundable deposit, are issued **only if you cancel on or before June 1, 2017.** *After June 1st, you are responsible to pay the full amount for the Summer Camp weeks you selected, regardless whether or not your child attends.*
- Questions on your account? Contact Jillian Link 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/Guardian Signature

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date _____ Checked ProCare _____ Balance: SAC _____ Camp _____
ECAP _____ DHS _____

Circle One: Full Time Part time: M W TH

Check # _____ Amt. _____ Credit card _____ Amt. _____
Cash _____ Amt. _____ Tuition Express _____ Amt. _____



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 Summer Camp registration fee, plus the deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of my weekly Summer Camp payments on the due dates stated on my application.

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

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
Deposit slips not accepted		_____ Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of

