



2017 February and April School Vacation Camps


◇ Age 6 years through 6th grade ◇

LOCATION:	Main Dunstable School, 20 Whitford Road, Nashua, New Hampshire
DATES:	February 27 – March 3, 2017 April 24 – 28, 2017
TIME:	6:40 A.M. - 6:00 P.M
COST:	Full Time - \$190.00 per week for the first child / \$162.00 for each additional Part-Time - \$50.00 per day, per child (Available Monday through Thursday only.)

ENROLLMENT INFORMATION

- **ALL CURRENT ADVENTURE CLUB PARTICIPANTS** age 6 years through 6th grade enrolled at any of our program locations may apply for our February and April vacation camps **via U.S. MAIL ONLY starting on January 25, 2017.**
- **IN-PERSON APPLICATIONS** for current Adventure Club participants, and all other children (age 6 years to 6th Grade) who wish to attend our February and April vacation camps will be accepted **starting January 30, 2017.**
- **SPACE IS LIMITED.** Adventure Camp is filled on a first come, first served basis. When enrolling, please ensure you clearly identify all days your child will be in attendance.
- 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. and may jeopardize future participation, if reoccurring.
- **We will not be serving breakfast,** however, your child may bring it with them (in addition to their morning snack and lunch) to eat at the program. We provide afternoon snacks.
- **Any past due account must be brought current in order to enroll your child for Adventure Camp.** Questions concerning your account? Please call our Billing Office at 882-9080 x 214 or 202.
- **A \$15.00 processing fee and \$50.00 tuition deposit for each camp week is required to be paid at the time you submit your application.** The processing fee and tuition deposits are non-refundable / non-transferable. Upon confirmation of enrollment, notification of your remaining balance due will be sent to you.
- Refunds (minus the non-refundable \$15.00 processing fee and \$50.00 tuition deposit for each camp week), will only be provided if cancellation is processed on or before 2/16/17 (for February Camp) and 4/13/17 (for April Camp). Questions? Please call Christina at 882-9080 X238
- If you are currently receiving child care assistance through the State of New Hampshire, a portion of your vacation camp costs may be covered based on your current Notice Of Decision. For more information, please call Debi at 882-9080 x 212.

WHAT TO BRING TO CAMP DAILY

1. Appropriate clothing for outside play. *Please label all items.*
2. A nutritious breakfast, morning snack and lunch (including a drink). We provide afternoon snacks. Please do not pack any food selections that require refrigeration and/or heating, as we do not have the capability to do either during our camp week. Additionally, please do not pack any glass bottles or containers.
3. Smiles, and a fun attitude! 

WHAT IS OUR CAMP SCHEDULE?

There are several activities for the campers to participate in while attending Adventure Camp in February and April! Activities such as outdoor play, clubs, arts and crafts, games and more! ***This year, we are excited to announce that campers will also be able to participate in our STEM Traveling Enrichment Program!***

An example of our camp day is as follows:

- 6:40 AM: Campers begin to arrive, sign up for clubs, activities and free play.
- 9:00 AM: Morning snack time for all Campers. *(Campers provide)*
- 10:30 AM: Campers participate in their morning clubs and activities.
- 11:45 AM: Lunch and siesta time! Campers are encouraged to bring a book or work on any homework they were assigned to complete over vacation.
- 12:30 PM: Campers participate in outdoor activities. *(Weather permitting)*
- 1:30 PM: Campers participate in afternoon clubs and activities.
- 3:00 PM: We provide an afternoon snack for all Campers, and time is given for free play.
- 6:00 PM: Camp is closed for the evening.

FIELD TRIP INFORMATION

Friday, March 3rd, 2017 ***Roller Kingdom***

Rental of Roller skates and/or inline skates (blades) is included in the camp cost for all Campers. All Campers are required to be wearing (or bring) socks in order to participate in skating. Campers may bring up to \$20 to purchase lunch and/or snacks at the skating rink, however, we will return to Main Dunstable School by 12:30 PM to eat lunch for those who do not wish to eat at the skating rink. *(Estimate times: 9:30 AM–12:30 PM)*

Friday, April 28th, 2017 ***To Be Determined***

We are currently working to secure a location for our April field trip. More information will be made available to parents on the Monday starting our April camp week.

(Please note, field trips are subject to change at any time, with prior notification to parents.)



PLEASE COMPLETE AND RETURN THIS PAGE, ALONG WITH A COMPLETED TUITION EXPRESS FORM

A \$15.00 processing fee and \$50.00 tuition deposit for each camp week is required to be paid at the time you submit your application. The processing fee and tuition deposits are non-refundable / non-transferable.

Please place a check mark for all days your child will be in attendance:

February Vacation: Full week (Monday – Friday) Part Time: M T W TH

April Vacation: Full week (Monday – Friday) Part Time: M T W TH

Drop off / Pick Up Times (Approximate): Drop off: _____ Pick Up: _____

Child's Name: _____ D.O.B: ____/____/____
(First) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone/Contact Number: (____) _____ - _____ School / Grade: _____ / _____

Parent / Guardian Name: _____ Daytime Phone: (____) _____ - _____

Email Address: _____

PERMISSION TO ATTEND FIELD TRIPS

By signing in the designated areas below, you acknowledge and provide permission for your child to be bused to and from Main Dunstable Elementary School to participate in the prescheduled field trips on each Friday of the February and April vacation week camps. If you do not wish your child to participate in the prescheduled field trips, you are required to make alternative child care arrangements on those Fridays.

Roller Kingdom on 03/03/2017 Signed: _____

To Be Determined on 04/28/2017 Signed: _____

Please make checks payable to: "Nashua Adult Learning Center"

Mail enrollment packet and fees to: ATTN: Adventure Camp
Adult Learning Center
4 Lake Street
Nashua, NH 03060

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



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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 \$50.00 per week deposit in the total amount of \$ _____. I also authorize the automatic withdrawal of remaining balance due after weekly deposit is applied.

SECTION A (Credit Card)

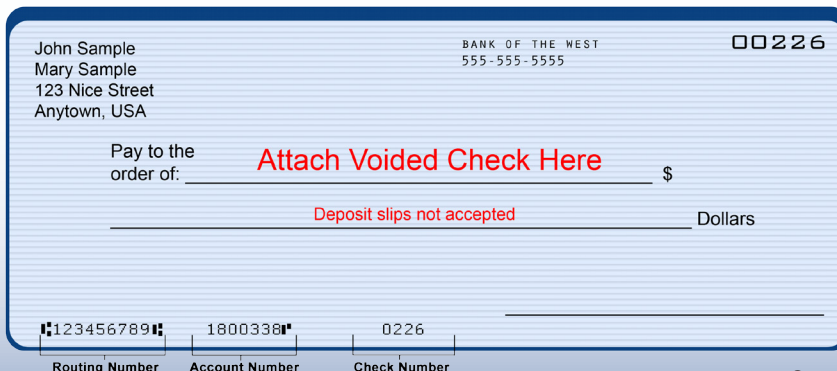
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

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

