



GIRLS INCORPORATED

of NEW HAMPSHIRE

**2010 SUMMER CAMP APPLICATION**

OFFICE USE ONLY
WEEKLY FEE: _____
CACFP: _____
REGION: _____

DATE OF ENROLLMENT: \_\_\_\_\_

NAME: LAST	FIRST	DOB	AGE
STREET	CITY/TOWN	STATE	ZIP
MOTHER'S/GUARDIAN NAME		FATHER'S/GUARDIAN NAME	
EMPLOYER		EMPLOYER	
HOME ADDRESS		HOME ADDRESS	
WORK #	CELL #	WORK #	CELL #
EMAIL: _____		EMAIL: _____	

**CONSENTS**

I authorize **GIRLS INCORPORATED** to contact the following person(s) who will assume responsibility for my child in the event I can not be reached immediately in an emergency:

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

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

I authorize **GIRLS INCORPORATED** to release my child to the following individuals other than parent or guardian:

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

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

I authorize Girls Incorporated staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Girls Inc. personnel as soon as possible regarding any emergency involving my child.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my child permission to attend local outings as part of the daily activities of Girls Incorporated program. (Park, playground, library, etc.) I understand that this information will be posted the day before the outing.

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize Girls Incorporated to publish my child's name and photograph in the newspaper, newsletter, web page or other promotional publications.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**MEDICAL INFORMATION**

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

**2010 SUMMER ENROLLMENT**

To enroll your child in our Summer Camp, please check off the weeks that you are requesting. Please be aware that you will be charged for these weeks regardless if your child attends or not. We **must** be notified in writing two weeks prior to withdraw your child to avoid being charged.

**Hours of operation:** 7:30am to 6:00pm, Camp hours are available from 9:00am to 3:00pm

**Tuition:** \$140 a week is our full time rate, we accept New Hampshire Child Care Scholarship and use a sliding fee scale to determine a weekly fee for each family.

Income eligible applicants must complete a financial aid form and attach all required documents

_____ Week One	_____ Week Five	_____ Week Nine
_____ Week Two	_____ Week Six	_____ Week Ten
_____ Week Three	_____ Week Seven	
_____ Week Four	_____ Week Eight	

**WEEKLY FEE:** \_\_\_\_\_

**HOURS of care needed:** \_\_\_\_\_

**Camp ends on Friday, August 27, 2010**

**To secure enrollment, please return this completed application with a \$5 processing fee. A deposit of one week's tuition will be due at registration and will be applied to the last week of service.**

**I understand that the deposit and processing fees are non-refundable and that the full balance is due the Friday prior to the start date of each week. I further understand that my child is not fully enrolled and may not attend until my child's physician has completed a medical form, and I have completed an emergency card and paid the deposit.**

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

\_\_\_\_\_  
Date

## Registration Information

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**Registration may be made in person or by mail** for the Summer Programs at Girls Incorporated in Nashua, Concord, Manchester and Rochester. A \$5.00 processing fee is required for participation. A **non-refundable** deposit of one week's fee is required at the time of registration and will be applied to the last week of service. Camp balances are due in full the Friday prior to the start of each week. **(Processing fees and deposits are non-refundable and non-transferable). Space is limited.**

### Financial Assistance

Financial assistance is available to families who qualify. Eligibility is based on financial need and will require proof of income and completion of a Financial Aid Form (in. Girls Incorporated will notify parents if/when they are approved for assistance. *Those who may qualify for Title XX assistance will be required to complete additional State forms and provide the Center with employer pay-stubs, child support verification, etc. All necessary paperwork must be completed prior to enrollment.*

### Late pick-up fees

Any families with late pick-ups will be charged \$5.00 for every 15 minutes late, per child. Excessive late arrivals may result in termination from the program. This fee is required at the time of pick up. This policy also applies to our **9am to 3pm camp hours**. Arrival before 9am or pick up after 3pm will be charged this fee.

### Returned Check Fee

Girls Inc. policy states that there is a \$40 returned check fee. This fee must be paid in cash plus the amount of the returned check.

### Health Forms

The State of New Hampshire requires that all campers have a completed health form on file with the camp office prior to attending the program. This form requires all immunization dates and a physical exam with a physician's signature within two years prior to attending camp. **Health forms are due no later than the Wednesday before the child begins the program.** A copy of the school health form including immunizations, if current, is acceptable.

### Licensing statement

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 bureau at 603-271-4624 or 1-800-852- 3345, extension 4624"; and 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 specialist 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.

**I have read and fully understand the above polices.**

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Parent/Guardian signature

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Date