



of New Hampshire

Dear Parents,

Girls Inc. is excited to start enrolling for 2019 Summer Camp! Our dedicated and trained staff has started planning what will be a fun, engaging and memorable camp experience for your daughter.

There are a few key policies that I want to make sure you are aware of this summer.

- Our fees are based on family income. Scholarship funding is limited so please make sure **ALL** the paperwork is completed and turned in **very** early.
- We are anticipating a wait list especially in Manchester so **CURRENTLY** enrolled families can register before the general public until March 22, 2019. After March 22, 2019, our enrollment is open to everyone. Families must be **FULLY** registered with **ALL** paperwork including which weeks turned in to qualify.
- **ALL** parents **must** be on the automatic payment system. The **ONLY** exception is if the summer is paid in full prior to June 7, 2019. There will be no exceptions.
- We are offering a 20% discount for families who pay in **full** for the summer prior to April 12, 2019.
- If you are on NH Child Care Scholarship, your child must be linked to Girls Inc prior to starting.

Please see your Center Director if you have any questions.

Thank you,

Jennifer Indeglia
Chief Operating Officer

Girls Inc. of New Hampshire 2019 Summer Camp

Center	Address	Phone	Director	Hours
Manchester	340 Varney St.	623-1117	Leah Hapke	7:30AM-6PM
Nashua	27 Burke St.	882-6256	Makenzie Bilodeau	7:30AM-6PM

Summer Camp:

A Girls Inc. *Summer Camp* provides your child with an unforgettable summer vacation. Weekly field trips and special events take them on a journey of fun. Campers enjoy exciting and educational hands-on activities as well as putting on group skits, experimenting with creative arts, and playing a wide variety of sports all while making new friends and exploring new ideas.

Sessions/Ages:

You may enroll your child for the full summer or for weekly sessions. Our full rate is \$175/week but we do have a sliding fee scale based on family income. In order to qualify for assistance, the financial aid form must be filled out completely. We also accept NH Child Care Scholarship. Campers must be 5 years old or older by the first day of camp. Older campers may be given the opportunity to become involved in leadership roles through Counselor in Training or Young Women's Leadership programs.

Activities:

Girls will have the opportunity to develop and enhance skills individually and in groups. Emphasis is placed on developing self-esteem and confidence in a non-competitive setting. Daily schedules include a wide variety of appropriate instructional and recreational activities developed around theme weeks, including:

- | | |
|----------------|--------------------|
| *Swimming | *Arts & Crafts |
| *Hiking | *Games & Sports |
| *Weekly Awards | *Skill building |
| *STEM | *Special Events |
| *Nature Study | *Outdoor Adventure |

Staff:

Camp is staffed by qualified and professional trained personnel. Counselors remain with their group throughout the day. Our staff to camper ratio meets and exceeds state guidelines.

Field Trips:

Field trips are to State Parks, beaches and lakes. Certified lifeguards are on duty at all times. Campers are required to wear their red Girls Inc. t-shirt on all field trips. Shirts are distributed on the first field trip. There is a \$10 fee to replace a lost or forgotten t-shirt.

Food:

Girls Inc. provides a healthy light breakfast, lunch, snack and dinner each day. Campers are welcome to pack a lunch however there is no refrigerator space so please pack an ice pack. It is recommended that children bring a water bottle each day labeled with their first and last name.

Camp Gear:

Campers are asked to wear appropriate clothes and sneakers. No sandals or flip-flops. Bring a sweatshirt daily and rain gear for inclement weather. A bathing suit, sunscreen, and towel are also needed. Please apply sunscreen to your child before camp. Girls Inc cannot provide sunscreen. A permission slip needs to be signed for your child to apply sunscreen at camp. Please label all belongings. **Do not bring money, valuables, personal toys, or electronics.** Cell phones are to be kept in the office. Girls Inc. is not responsible for lost or stolen items.

Drop off/pick up:

When dropping off, please make sure your daughter signs in with a Girls Inc staff person. At the end of the day please sign your child out at the front desk. If you are sending an alternate person to pick up please make sure the person is on your signed application. ALL CAMPERS must be in attendance by 9:30am; late campers will not be accommodated. There is a late charge of \$1 per minute if your child is not picked up on time.

2019 Summer Camp Application

OFFICE USE ONLY

WEEKLY FEE: _____

CACFP: _____

CENTER: _____

DATE OF ENROLLMENT: _____

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

CONSENTS

I authorize **Girls Inc. of New Hampshire** 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 Inc.** to release my child to the following individuals other than parent or guardian:

Name: _____ Tele: _____

Name: _____ Tele: _____

I authorize Girls Inc. 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 Inc. program. (Park, playground, library, etc.)

Yes No

I authorize Girls Inc. to publish my child's name and photograph in the newspaper, Girls Inc social media outlets, newsletter, web page or other promotional publications/video.

Yes No

PARENT SIGNATURE

DATE

Parent/guardian Email Address: _____

Girls Inc may send emails about upcoming events, registration information, etc, to keep parents informed. We will not sell your information or use it for anything other than Girls Inc business.

Medical Information

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

Child's Physician: _____ Phone: _____

2019 Summer Enrollment

To enroll your child in our Summer Camp, please check the weeks below 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 **30 days** prior to withdraw your child to avoid being charged.

Registration fee: \$25 per application for Summer Camp - **NON-REFUNDABLE**

Tuition: \$175 a week is our full-time rate, however 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.

- | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|
| 1. Week of June 24, 2019 | <input type="checkbox"/> | 6. Week of July 29, 2019 | <input type="checkbox"/> |
| 2. Week of July 1, 2019 | <input type="checkbox"/> | 7. Week of August 5, 2019 | <input type="checkbox"/> |
| 3. Week of July 8, 2019 | <input type="checkbox"/> | 8. Week of August 12, 2019 | <input type="checkbox"/> |
| 4. Week of July 15, 2019 | <input type="checkbox"/> | | |
| 5. Week of July 22, 2019 | <input type="checkbox"/> | | |

Girls Inc. will be closed on **Thursday, July 4, 2019 and Friday, July 5, 2019**. Only full pay accounts will be adjusted for the closure.

Camp ends on Friday, August 16, 2019. Any additional weeks will be available for girls enrolled in our 2019/2020 After School Program.

To secure enrollment, please return this completed application and payment authorization form, including a copy of a credit card or voided check with your \$25 registration fee.

I understand that the registration fee is non-refundable. Completion of the payment authorization form is required unless total summer camp fees are paid in full by cash or check prior to June 7, 2019. I further understand that my child is not fully enrolled and may not attend until my child's physician has completed a medical form/immunizations and payment authorization form.

Parent/Guardian Signature

Date

Registration Information

Registration may be made in person or by mail for Girls Inc. Summer Camp in Nashua and Manchester. A non-refundable \$25.00 registration fee and completed payment authorization form, including a copy of a credit card or voided check is required for participation. **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 including employer paystubs, child support verification, etc. and completion of a Financial Aid Form. Girls Inc. will notify parents if/when they are approved for assistance. Those who may qualify for NH State Child Care Assistance will be required to complete Form 1863. Girls Inc. must be linked prior to start date. 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 the first 5 minutes, per child and then \$1 a minute thereafter. Excessive late arrivals may result in termination from the program. This fee is required at the time of pick up.

Returned Check Fee

Girls Inc. policy states that there is a \$10 returned check/EFT fee. This fee will be automatically charged to your account plus the amount of the returned check/EFT. Please see Payment Authorization form for more information.

Health Forms

The State of New Hampshire requires that all campers have a completed health form on file at the center 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 online at <https://nhlicenses.nh.gov/verification/search> or by calling the bureau at 603-271-9025 or 1-800-852- 3345, extension 9025. During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgement of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during conversations with licensing staff and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the program and determines it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

I have read and fully understand the above policies.

Parent/Guardian signature

Date

Demographic Information

Girls Inc. of New Hampshire would like to thank you for assisting us with the collection of the following information. We respect your privacy and have included no identifying information. This information is solely for collection and analysis, as a tool to help us better understand the diversity of our community.

What is your child's racial background?

Asian American or Pacific Islander	
Black or African American	
Hispanic or Latina	
Native American or American Indian	
White, European American or Anglo	
Multiracial/Mixed Heritage	
Other	

What language(s) is most often spoken at home?

English	
Spanish	
French	
Other _____	
Other _____	
Other _____	

Who lives with the child at home?

Two parents	
Mother only	
Father only	
One parent at a time (Joint Custody)	
Neither parent (e.g. Foster home, grandparent)	
Parent in Military	

What is your family income?

Less than \$10,000	
\$10,000-\$15,000	
\$15,000-\$20,000	
\$20,000-\$25,000	
\$30,000-\$50,000	
Greater than \$50,000	
Other	

Public Housing
 Section 8

Confidential Scholarship/Financial Aid Application

Head of Household _____

LAST NAME _____ FIRST NAME _____ Telephone # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Relationship to child(ren) _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD	DATE OF BIRTH	CURRENTLY WORKING? <u>YES OR NO</u>	TOTAL GROSS MONTHLY INCOME (INCLUDING CHILD SUPPORT)

Are you currently in a training or school program? _____
If YES, where? _____

I certify, under penalty of perjury, that the above information is correct and complete to the best of my knowledge. I will immediately report to Girls Incorporated of New Hampshire any change in income or family size.

Parent/Guardian Signature

DATE

Parent/Guardian Signature

DATE

Payment Authorization Form

2019 Summer Camp

Center _____

Child's Name: _____

I hereby authorize Girls Inc. of New Hampshire to initiate credit entries and if necessary, to initiate any debit entries to correct erroneous credit entries to my (our) account indicated below and the financial institution indicated below. This authority is to remain in full force and effect until Girls Inc of New Hampshire has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Girls Inc. of New Hampshire and depository a reasonable opportunity to act on it. **A \$10 fee will be charged each time to accounts whose weekly fee is declined/returned.**

Payments will be deducted weekly on **Mondays for each week you have enrolled**. In the event the payment is declined, another payment will be charged the NEXT day with the additional \$10 fee. A second decline requires immediate action to continue at Girls Inc. Summer Camp.

Please initial _____

Parent/Guardian/ Card holder Last Name _____

First Name _____ Middle Initial _____

Address _____

City, State & Zip _____

Phone number _____

CIRCLE ONE: Mastercard / Visa / Checking / Savings

Card Number _____

Expiration Date _____ 3- digit Security Code _____

OR complete the info below for checking/savings account withdrawal. A voided check must be attached.

Bank Name _____

Routing Number: _____ Account # _____

CIRCLE ONE: Checking / Savings

PLEASE TURN OVER

Billing Cycle: WEEKLY on Mondays for ALL weeks child is enrolled.

Amount per Cycle: _____

Please check weeks you are enrolling for Summer Camp. These weeks will be charged UNLESS written notice 30 days prior is submitted to the Director.

- 1. Wk of June 24, 2019
- 2. Wk of July 1, 2019
- 3. Wk of July 8, 2019
- 4. Wk of July 15, 2019
- 5. Wk of July 22, 2019
- 6. Wk of July 29, 2019
- 7. Wk of August 5, 2019
- 8. Wk of August 12, 2019

Total cost of 2019 Summer Camp: _____

Full payment before APRIL 12, 2019- 20% DISCOUNT -signed PAF not necessary Please check

Full payment on or before Friday, June 7, 2019- signed PAF not necessary Please check

Director signature if paid in full: _____

Method of Full payment: _____

I fully understand the above information

Parent/Guardian/Card holder signature: Date

PLEASE INITIAL IF YOU WOULD LIKE THE \$25 REGISTRATION FEE WITHDRAWN FROM ACCOUNT LISTED

INITIAL DATE YOU WOULD LIKE IT WITHDRAWN: _____

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE/FDCH)

PART 1. ALL HOUSEHOLD MEMBERS																				
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of each child's school /or indicate "NA" if child is not in school				Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income										
		Foster	Homeless	Migrant	Runaway	Head Start														
PART 2. BENEFITS: If any member of your household receives SNAP or TANF ASSISTANCE, provide the name and case number for the person who receives benefits and skip to part 4. If no one receives these benefits, skip to part 3. NAME: _____ PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD#) _____																				
PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.																				
1. Name (list only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unem- ployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	X				\$150		X			\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN): An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.) <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>																				
Sign here: _____ Print name: _____																				
Date: _____																				
Address: _____ City: _____ State: _____ Zip Code: _____																				
Phone Number: _____																				
Last four digits of Social Security Number: *** - * * - _____ <input type="checkbox"/> I do not have a Social Security Number																				

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

<i>Choose one ethnicity:</i>	<i>Choose one or more (regardless of ethnicity):</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019							
Household size	Yearly	Monthly	Weekly	Household size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$ 432	5	\$54,427	4,536	1,047
2	30,451	2,538	586	6	62,419	5,202	1,201
3	38,443	3,204	740	7	70,411	5,868	1,355
4	46,435	3,870	893	8	78,403	6,534	1,508
				Each additional person	\$ 7,992	\$ 666	\$ 154

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

APPENDIX C

SELF-DECLARATION OF INCOME REPORT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
(Updated 2018)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PARTICIPANT INFORMATION

PARTICIPANT STATUS: FAMILY INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

ETHNICITY (please select only one):

Hispanic or Latino **Not Hispanic or Latino**

RACE (please select only one):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> American Indian/Alaskan Native and Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial: _____ |

HOUSEHOLD INFORMATION

- i. Circle the total number of people living in your household.
 ii. Circle the corresponding income level.

<i>Household Size</i>	(0-30%)	(31-50%)	(51-80%)	(Over 80%)
1	\$0 – 22,050	\$22,051 - \$36,700	\$36,701 - \$50,350	\$50,351 +
2	\$0 - \$25,200	\$25,201 - \$49,950	\$49,951 - \$57,550	\$57,551 +
3	\$0 - \$28,350	\$28,351 - \$47,200	\$47,201 - \$64,750	\$64,751 +
4	\$0 - \$31,450	\$31,451 - \$52,400	\$52,401 - \$71,900	\$71,901 +
5	\$0 - \$34,000	\$34,001 - \$56,600	\$56,601 - \$77,700	\$77,701 +
6	\$0 - \$36,500	\$36,501 - \$60,800	\$60,801 - \$83,450	\$83,451 +
7	\$0 - \$39,000	\$39,001 - \$65,000	\$65,001 - \$89,200	\$89,201 +
8	\$0 - \$42,380	\$42,381 - \$69,200	\$69,201 - \$94,950	\$94,951 +

Check here if unemployed (please still circle household size)

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____ **Date:** _____
 (Original signature is required)