



2011/2012 AFTERSCHOOL APPLICATION

OFFICE USE ONLY

BI-WEEKLY FEE: _____

CACFP: _____

REGION: _____

DATE OF ENROLLMENT: _____

SCHOOL ATTENDING: _____

NAME: LAST FIRST 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 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/GUARDIAN 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:** _____

Registration Information

Registration may be made in person or by mail for the Afterschool Programs at Girls Incorporated in Nashua, Concord and Manchester.. A \$25.00 non-refundable registration fee and completed payment authorization form, including a copy of a credit card or voided check is required for participation.

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)

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.

Returned Check Fee

Girls Inc. policy states that there is a \$40 returned check/EFT fee. This fee will be automatically charged to your account plus the amount of the returned check/EFT.

Health Forms

The State of New Hampshire requires that all members have a completed health form on file with the office prior to attending the program. This form requires all immunization dates and a physical exam with a physician's signature. **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 policies.

PARENT/GUARDIAN

DATE

2011/2012 PAYMENT DATES

Afterschool payments will be deducted BI-WEEKLY on the following dates. Funds must be available on these dates to avoid insufficient funds fees.

8/29/11

9/12/11

9/26/11

10/11/11 (10/10/11 is a holiday)

10/24/11

11/7/2011

11/21/11

12/5/11

12/19/11 (1 weeks fee will be deducted as Girls Inc is closed for the Holiday week)

1/2/12

1/16/12

1/30/12

2/13/12

2/27/12

3/12/12

3/26/12

4/9/12

4/23/12

5/7/12

5/21/12

6/4/12 *

*If school ends after 6/15/2012 then another partial charge will be processed on 6/18/2012.

IMPORTANT: Fees will remain the same the ENTIRE school year. The only exception is the Holiday vacation week as Girls Inc is closed, parents are not charged for this week.

****We do not increase our fees for teacher workshop days, ½ days and school vacation weeks. We will not reduce fees due to illness, snow days and family vacations. Fees will be charged to the account on file unless written notice of termination is submitted to the Director 2 weeks in advance. ****

I have read and fully understand the above polices.

PARENT/GUARDIAN

DATE



GIRLS INCORPORATED

of NEW HAMPSHIRE

Payment Authorization Form

I hereby authorize Girls Inc. of NH to initiate credit entries and if necessary, to initiate any debit entries to correct erroneous credit entries to my (our) accounts indicated below and the financial institution indicated below. This authority is to remain in full force and effect until Girls Inc. of NH 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 NH and depository a reasonable opportunity to act on it.

Last Name _____

First _____

Middle Initial _____

Address _____

Address (cont.) _____

City, State & Zip code _____

Phone No. _____

Email Address _____

Circle One: MC / VISA / Checking / Savings

Card No. _____

Expiration Date _____

3-digit Security Code _____

OR

Bank Name _____

Bank Address _____

City, State & Zip code _____

Routing Number _____

Account Number _____

Billing Cycle Bi-Weekly per Schedule in Application

Amount per Cycle _____

Start Date _____

Signature _____

REQUIRED: Copy of credit card attached or VOIDED check attached (check)