Dear Parent/Guardian,
We are excited for another year running this program. There are some changes this year so please read this letter carefully.

This program will be for students in grades Kindergarten through Fifth. It will run daily from 3:00-5:30 at the Whitefield Town Office Building next to the Fire Station. There will be a bus that will transport your child(ren) to the building. The bus company will be giving your child a slip to fill out for them to add your child to their roster for the bus. This MUST be filled out and returned to the bus driver. If your child comes daily to ASAP on the bus, this will be what they will do and will not need a note to do something different. They will also NOT need a bus pass to do this. If your child will be coming different days, but they are set days, they will not need a bus pass for this, just indicate the days on the slip. Other than that, your child will need a note to ride the bus to ASAP. Please make sure your child is signed up to come before just sending them as we will have planned for staff, snacks, and activities. We will let the office know of who is signed up to come for the week as a courtesy to help them and the kids.

There is a daily fee of $8 per child. If you have more than one child, any child after the first will be $4 per child. The fee includes the participation in the daily program as well as a snack. A sliding scale fee is available upon request. There will be paperwork that will be needed to filled out in order to apply for the sliding scale fee. You will have to pay full price until the paperwork is submitted and approved.

You will need to sign your child up the week prior to them attending. Forms for the following week are due on Thursday. This will allow us to plan for snacks, staff, and activities. We will have a list made of the kids coming the following week ready on Monday for the week, therefore, we will not be allowing kids to stay if they have not signed up to come that day. Thank you for your understanding with this.

Payment is due at the end of each week. If payment is not received each week, your child will not be able to attend the following week. Please pay Melissa or a staff member directly each week. Checks should be made payable to Whitefield Recreation.
If your child has any medical conditions, such as allergies or asthma, you will need to provide any needed medical supplies to the ASAP program. We will need one EVERYDAY your child attends the program, therefore, we recommend that one is left in our possession.

This program ends promptly at 5:30pm daily. If you are not there by 5:35pm to pick up your child, you will be charged $1.00 per minute for each minute you are late. Excessive tardiness may result in your child not being able to attend the program. Thank you for your cooperation with this.

We reserve the right to excuse any child from the program that does not follow behavior expectations.

We will not be open on the early release days. Please plan accordingly for these days.

Looking forward to a great year!

Melissa
(603) 616-6012
recreation@whitefieldnh.org
FAMILY REGISTRATION FORM

Parent/Guardian Information

Mother/Guardian First Name: _______________ M.I. ___ Last Name: _______________
Address: ________________________________________________________________
Occupation: ___________________________ Home Phone: ( ) ___________________
Employed By: __________________________ Office Phone: ( ) ___________________
Work Address: _________________________ Work Hours: __________ Cell Phone: ( ) _______________
[ ] Custodial Parent (If married, mark both parents)
Email: _________________________________________________________________

Father/Guardian First Name: _______________ M.I. ___ Last Name: _______________
Address: ________________________________________________________________
Occupation: ___________________________ Home Phone: ( ) ___________________
Employed By: __________________________ Office Phone: ( ) ___________________
Work Address: _________________________ Work Hours: __________ Cell Phone: ( ) _______________
[ ] Custodial Parent (If married, mark both parents)
Email: _________________________________________________________________

Child Information

1st Child First Name: _______________ M.I. ___ Last Name: _______________
Name child prefers to be called: ____________________________________________ Grade/Class: _______________
Child’s Address: _________________________________________________________
Gender: [ ] Male [ ] Female Date of Birth: __________________
List any existing medical conditions, medication and/or special attention your child may require?
________________________________________________________________________
Allergies: ______________________________________________________________
Pediatrician’s Name: ______________________ Phone: ( ) ___________________
Address: ________________________________________________________________

2nd Child First Name: _______________ M.I. ___ Last Name: _______________
Name child prefers to be called: ____________________________________________ Grade/Class: _______________
Child’s Address: _________________________________________________________
Gender: [ ] Male [ ] Female Date of Birth: __________________
List any existing medical conditions, medication and/or special attention your child may require?
________________________________________________________________________
Allergies: ______________________________________________________________
Pediatrician’s Name: ______________________ Phone: ( ) ___________________
Address: ________________________________________________________________
FAMILY REGISTRATION FORM

3rd Child  First Name: __________________ M.I. ___ Last Name: __________________
Name child prefers to be called: __________________ Grade/Class: __________________
Child’s Address: __________________
Gender: [ ] Male  [ ] Female  Date of Birth: __________________
List any existing medical conditions, medication and/or special attention your child may require?

__________________________
Allergies:

Pediatrician’s Name: __________________ Phone: ( ) __________________
Address: __________________

4th Child  First Name: __________________ M.I. ___ Last Name: __________________
Name child prefers to be called: __________________ Grade/Class: __________________
Child’s Address: __________________
Gender: [ ] Male  [ ] Female  Date of Birth: __________________
List any existing medical conditions, medication and/or special attention your child may require?

__________________________
Allergies:

Pediatrician’s Name: __________________ Phone: ( ) __________________
Address: __________________

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: __________________ Phone: __________________
Relationship to the Child: __________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: __________________

2nd Contact/Pick Up Name: __________________ Phone: __________________
Relationship to the Child: __________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: __________________

3rd Contact/Pick Up Name: __________________ Phone: __________________
Relationship to the Child: __________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: __________________

4th Contact/Pick Up Name: __________________ Phone: __________________
Relationship to the Child: __________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: __________________
Emergency Medical Treatment Authorization
I, ________________________________, hereby give permission to the ASAP staff to provide simple first aid treatment to my child(ren), ________________________________, when necessary. In the event of a more serious injury, I give permission for my child to be transported to a hospital to receive emergency medical treatment. I understand that I will be contacted by ASAP staff as soon as possible regarding any emergency involving my child.

Parental Consent and Release
I, ________________________________, the parent(s)/guardian(s) of ________________________________, a minor who desires to participate in the Whitefield Recreation Department After School Activities Program, consent to my child’s participation in the program. In consideration of my child participating in the program, I release and hold harmless the Town of Whitefield, its agents, employees and officers from any and all actions or causes of actions of any nature of personal injury or property of damage of any kind arising in any way from my child’s participation.

Additional Comments & Information:
Is there is any other information that that would be helpful to our staff?

________________________________

________________________________

Signature:
Parent’s Signature: __________________________  Date: __________________________

Thank You!
Whitefield ASAP Financial Assistance

Attendees: ________________________  Parent Name: ________________________

______________________________  ________________________________

Household Size: include everyone in the household) ______

**Total Gross Income:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Name 1</th>
<th>Name 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from Work before deductions</td>
<td>$__<em><strong>/$</strong></em></td>
<td>$__<em><strong>/$</strong></em></td>
</tr>
<tr>
<td>Welfare, child support, alimony</td>
<td>$__<em><strong>/$</strong></em></td>
<td>$__<em><strong>/$</strong></em></td>
</tr>
<tr>
<td>Pensions, retirement, Social Security</td>
<td>$__<em><strong>/$</strong></em></td>
<td>$__<em><strong>/$</strong></em></td>
</tr>
<tr>
<td>Other income</td>
<td>$__<em><strong>/$</strong></em></td>
<td>$__<em><strong>/$</strong></em></td>
</tr>
</tbody>
</table>

**Note:** Current pay stubs and/or other documentation must be attached to this application for income verification purposes.

I, ________________________, certify that all information on this application is true and that all income is reported. I understand that if I purposely give false information, my child(ren) will be withdrawn from the program.

Signature: ________________________  Date: ______________
Print Name: ________________________
<table>
<thead>
<tr>
<th>Household Size</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Yearly</th>
<th>Each Additional Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$423</td>
<td>$1,892</td>
<td>$21,978</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>8</td>
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<tr>
<td>$1,455</td>
<td>6,304</td>
<td>75,647</td>
<td>8</td>
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</tr>
<tr>
<td>$1,307</td>
<td>5,663</td>
<td>67,951</td>
<td>7</td>
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</tr>
<tr>
<td>$1,160</td>
<td>4,323</td>
<td>60,273</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>$1,012</td>
<td>3,795</td>
<td>52,614</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>865</td>
<td>3,108</td>
<td>37,956</td>
<td>4</td>
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</tr>
<tr>
<td>718</td>
<td>2,470</td>
<td>29,637</td>
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</tr>
<tr>
<td>570</td>
<td></td>
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<tr>
<td>$423</td>
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</tbody>
</table>
# Whitefield After School Activities Program

**Weekly Sign-Up Sheet**

For Week of: ____________________

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Weds.</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Forms must be turned in on Thursday of the week before to guarantee spots for the following week. These must be turned into the to ASAP staff.**