

Whitefield Recreation Department After School Activities Program (ASAP)
56 Littleton Rd.
Whitefield, NH 03598

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 be 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

Parent/Guardian Information

Registration Date: _____

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: _____

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:

Gross income and how often it is received (\$17,000/year; \$1416/month)

Earnings from Work
before deductions

\$ ____ / ____ / ____

\$ ____ / ____ / ____

Welfare, child support,
alimony

\$ ____ / ____ / ____

Pensions, retirement,
Social Security

\$ ____ / ____ / ____

Other
income

\$ ____ / ____ / ____

\$ ____ / ____ / ____

\$ ____ / ____ / ____

****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: _____

Print Name: _____ Date: _____

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016 - 2017

Household size	Yearly	Monthly	Weekly
1	\$21,978	\$ 1,832	\$ 423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	\$ 7,696	\$ 642	\$ 148

Whitefield After School Activities Program Weekly Sign-Up Sheet

For Week of: _____

Child's Name	Monday	Tuesday	Weds.	Thursday	Friday

Child's Name	Monday	Tuesday	Weds.	Thursday	Friday

Child's Name	Monday	Tuesday	Weds.	Thursday	Friday

Child's Name	Monday	Tuesday	Weds.	Thursday	Friday

****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.**