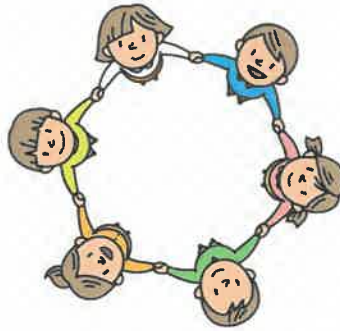


Whitefield Recreation's
After School Activities Program

ASAP



Sign Ups are happening NOW!!
Please go to whitefieldnh.org for all of the needed
information as well as sign up forms!

For any additional information please contact
Melissa

recreation@whitefieldnh.org

603-616-6012

Whitefield Recreation Department After School Activities Program
(ASAP)

56 Littleton Rd.
Whitefield NH 03598

Dear Parent/Guardian,

We are excited for another year of ASAP! There are some changes this year so please read this letter carefully.

This program is for students in grades Kindergarten through Six. It will run daily from 2:15-6:00pm at the Whitefield Town Office Building in the Community Room. There will be a bus that will transport your child(ren) to the building from the Whitefield School. Please make sure your child(ren) is signed up to come before just sending them as we have planned for staff, snacks, and activities. We will let the school know who is signed up for the week as a courtesy to help with transportation.

There is a daily fee of \$10 per child. If you have more than one child, any child after the first will be \$5 per child. The fee includes participation in the program as well as an afternoon snack. A sliding fee scale is available upon request. There is paperwork that needs to be filled out in order to apply. You will **NEED** to pay full price until the paperwork is submitted and approved.

You will **NEED** to sign your child(ren) 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 each Monday, therefore we **WILL NOT** allow any child(ren) to stay if they are not on the list. Thank you for your understanding of this.

Payment **IS DUE AT THE END OF EACH WEEK**. If payment is **NOT** received each week, your child(ren) **WILL NOT BE ABLE TO ATTEND** the following week. Please pay a staff member directly each week. Checks should be made out to **WHITEFIELD RECREATION**.

If your child(ren) has any medical conditions, such as allergies or asthma you will **NEED TO PROVIDE ANY MEDICAL SUPPLIES** to the ASAP program. We will **NEED** such supplies **EVERY DAY** that your child(ren) attends, therefore we recommend said supplies are left in our possession as needed.

This program **ENDS PROMPTLY** at 6:00 DAILY. There **WILL BE A CHARGE** of \$1

PER MINUTE AFTER 6:00. Excessive tardiness may result in participation being terminated. Thank you for your cooperation with this.

We reserve the right to excuse any child from the program that does **NOT FOLLOW** behavior expectations.

Looking forward to a **GREAT** year.

Melissa

603-616-6012

recreation@whitefieldnh.org

Regulations for Whitefield Recreation After School Activities Program

General Information

- ASAP will be open after school from 2:15pm-6:00pm daily with the exception of early release days, time will be adjusted accordingly.
- If school is canceled due to bad weather, ASAP will be closed.
- There is an ASAP bus that transports child(ren) from the Whitefield School to the Whitefield Town Office.
- ASAP will provide an afternoon snack for the children to enjoy after school each day. If your child(ren) has any allergies please let us know IMMEDIATELY.
- ASAP is a Recreation Program - our goal is to provide children with activities and fun opportunities.

Policies Regarding Attendance/Payment

- Your regular contracted payment is by the day.
- Payment will be prepaid, payable on Fridays for the following week.
- Payment is EXPECTED for each contracted day that your child is enrolled, even if the child is absent due to illness.
- The weekly payment will ONLY be reduced if a change in the weekly schedule is submitted in writing or email by Friday for the following week.
- Overdue payment WILL result in your child(ren) being withdrawn from the program and cannot attend until balance is paid in full.
- If excessive pick up is beyond the 6:00 closing of ASAP, there will be an automatic \$5-\$10 fee added to balance.
- There will be a \$25 charge for returned checks.

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
---	------------------------------------	--	-----------------

Name: _____ \$ ____/____ \$ ____/____ \$ ____/____ \$ ____/____

Name: _____ \$ ____/____ \$ ____/____ \$ ____/____ \$ ____/____

****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: _____

MOBILE ELIGIBILITY GUIDELINES											
Effective from July 1, 2021 to June 30, 2022											
HOUSEHOLD SIZE	REDUCED PRICES MEAL @ - 10% %					FREE MEAL @ - 100 %					
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
	48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES.										
1	23,028	1,988	993	917	459	16,744	1,396	698	644	322	
2	32,227	2,686	1,343	1,240	620	22,846	1,898	944	871	436	
3	40,026	3,386	1,693	1,583	782	28,546	2,399	1,190	1,098	549	
4	49,025	4,086	2,043	1,896	943	34,450	2,871	1,436	1,326	663	
5	57,424	4,786	2,393	2,209	1,105	40,352	3,363	1,682	1,552	776	
6	65,823	5,486	2,743	2,532	1,266	46,254	3,855	1,928	1,779	890	
7	74,222	6,186	3,093	2,855	1,428	52,156	4,347	2,174	2,008	1,004	
8	82,621	6,886	3,443	3,178	1,589	58,058	4,839	2,420	2,233	1,117	
For each additional family member, add	8,399	700	350	324	162	5,902	492	246	227	114	

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.**