

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 completed Sixth. 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 \$10 LATE FEE**

**ADDED 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](mailto: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 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 \$10 fee added to balance.
- There will be a \$30 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****1<sup>st</sup> 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: \_\_\_\_\_

**2<sup>nd</sup> 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 any other information that that would be helpful to our staff?

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**

# 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.**