



School Year Contract

2019-2020

Registration Checklist	Submission Instructions
<p>Required for All Registrants:</p> <ul style="list-style-type: none"> ✓ 2019/2020 Enrollment Contract ✓ Child Care Registration and Emergency Information Form ✓ Health and Immunization Form completed by Child’s physician ✓ Child Reunification Release Form ✓ Evacuation and Relocation Permission Form ✓ Initial Payment <ul style="list-style-type: none"> - Registration Fee of \$125.00 - Two-week tuition deposit ✓ Zero Balance <p>Required for all NH Child Care Assistance Scholarships</p> <ul style="list-style-type: none"> ✓ Provider Verification Form 	<p>Deliver all required forms and initial payment to:</p> <ul style="list-style-type: none"> ○ Moharimet Elementary Main Office to be placed in Our Time Mail OR ○ Drop off at Our Time during Program hours Monday – Friday 7 to 8:45 AM and 3 -6 PM OR ○ Mail to: <p style="text-align: center;">Growing Places Attn: School Age Program 56 Pinkham Road Lee, NH 03861</p>

PLEASE NOTE: Growing Places has a strict 48-hour processing policy. You must give Growing Places staff 48 hours (2 days) to process your paperwork before your child’s first day.



Welcome to Our Time Before and After School Program!

Dear Families,

Welcome to Growing Places' Our Time Before and After School Program!

At Our Time your child will have the opportunity to receive a nutritious snack, participate in enriching activities, and learn through playing with other children and staff. We pride ourselves in being a part of the Oyster River School Community and treasure the use of our outside space as an extension to the growth and learning that happens inside in the cafeteria. Growing Places' curriculum focuses on the whole child and encourages students to develop core competencies including social skills, reading, writing, science, technology, engineering, arts, math, and physical fitness.

According to the National Institute on Out-of-School Time, participation in an intentional, structured out of school time program can benefit children socially, emotionally and academically. We feel fortunate to have an out of school time program that has been a staple of the Oyster River community for decades. Our Time fosters an open and accepting environment where differences are celebrated and friendships are nurtured. Children are encouraged to be independent, autonomous learners during out of school time hours, with choices that range from process-oriented art to active games.

During the school year Our Time provides before school care from 7-8:45am and afterschool programming from school dismissal until 6pm Monday through Friday. On school vacation weeks (except Holiday Recess), Teacher Workshop Days and during the summer months, Our Time provides full day programming from 7:30am to 5:30pm. Our Time does not operate during school closures.

We look forward to working with students and families throughout the Oyster River Cooperative School District.

Sincerely,

Francesca Trial, B.A.
School Age Program Director
Moharimet@growingplacesnh.org

Kristen Landau, M.S., C.F.L.E.
Executive Director
kristenlandau@growingplacesnh.org

2019/2020 Our Time Before and After School Program

Child's Name: _____ Start Date: _____

Child's Birth Date: ___/___/___ Age Today: _____ Grade for 2019/20 year: _____

Child's School: _____ Child's Teacher: _____

Step 1: Choose your tuition type:

- Private NH Child Care Assistance Scholarship and Private*

* Please contact Sarah Nason at sarahnason@growingplacesnh.org for Provider Verification Form

Step 2: Choose the days your child will be attending Our Time

Before School: Monday Tuesday Wednesday Thursday Friday

After School: Monday Tuesday Wednesday Thursday Friday

Teacher Workshop Only:

Drop in*:

**Drop In is only available if space allows and confirmed with Program Director at least 24 hours prior to usage. Prior drop in usage does not guarantee space. Payment is due the day services are utilized. No two week deposit is required for Drop In/Teacher Workshop care.*

All families must pay a registration fee for this service.

Step 3: Choose your weekly tuition method of payment:

- Check or Money Order (Payable to Growing Places)
- Electronic Funds Transfer (EFT) (See Page 10 for EFT Authorization Form)
- Credit Card Payment (please call main office at 603.868.1335 to process payment)

Step 4: Make your initial payment:

\$125.00 Registration Fee + 2-week deposit (last 2 week's tuition) = \$ _____

Please see Fee Schedule on page 8

- Check or money order (Payable to Growing Places, 56 Pinkham Road Lee NH 03861)
- Electronic Funds Transfer (EFT) (One Time Payment, See Page 10 for EFT Authorization Form)
- Credit Card Payment (please call main office at 603.868.1335 to process payment)



Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Preferred E-mail: _____

Preferred E-mail: _____

Please use this email as my family's Primary Email

Please use this email as my family's Primary Email

Families must select one email from above to be utilized as your family's primary email for invoices each week. Invoices can only be sent to one email.

Yes No Our family would like both individuals listed above to receive email correspondence.

Yes No Our family would like both individuals listed above to have separate parent pockets available at program to receive paper correspondence

Yes No My child has an IEP and/or 504 Plan on file at their school
If **Yes**, does Growing Places have permission to communicate with school personnel (re: Child's Teacher/Special Education Administrator) in terms of any special accommodations that could be made?
Yes No

Yes No My child has a documented severe allergy and/or medical need (i.e. diabetes, asthma)
If **Yes**, does Growing Places have permission to communicate with school personnel (re: school nurse) in terms of any special accommodations that could be made?
Yes No



Parent/Guardian Signature: _____ Date: _____

FINANCIAL POLICY AGREEMENT

Tuition Payment Schedule: Tuition payments are due on the first day your child attends each week. Tuition fees are not based on attendance, but are weekly contractual fees. There will be no reductions in fees or refunds given if your child is absent for any reason, including illness. If tuition is not paid on time and according to this contract, we reserve the right to terminate child care unless the Operations Manager has been contacted to create a payment plan. A late payment of \$10/week will be applied to your account for balances (2) or more weeks behind. *Weekly bills are sent to your family's primary email and a copy can be printed and filed in in your child's parent pocket each Friday upon request.*

Registration Fee/Two Week Tuition Deposit: A non-refundable registration fee of \$125.00 per child AND each child's last 2 weeks tuition is required at time of registration. Your child is not officially enrolled in our program until both registration fee and tuition deposit has been made. *If your child was enrolled for the 2018/19 school year, your two-week deposit may have carried over. Please contact the main office to inquire.* If your child enrolls for the 2020/2021 school year, your two-week deposit will carry over to the following year. Families receiving child care reimbursement from the state are exempt only from the tuition deposit.

Withdrawal/Change in Contracted Days: If you decide to withdraw your child from Our Time or change contracted days attending, you MUST give a two (2) week notice, in writing, prior to the withdrawal/change date. If you do not give two weeks written notice, you will be charged two weeks beyond the date notice was given. No exceptions will be made.

TimberNook Cancellation Policy: If you register your child(ren) for Growing Places TimberNook Teacher Workshop Days or Seasonal Camps you will be charged the full camp tuition amount upon checkout. There is a \$50 non-refundable deposit for a cancellation.

Fees:

Late Pick-Up Fee: If you are unable to arrive on time, you MUST call so that both your child(ren) and the Director can be prepared for the delay. If you are late in picking up your child(ren), you will be charged \$1.00 per minute that has accrued after 6:00 pm (or 5:30 during full day programming).

Returned Check Fees: In the event a payment is returned for insufficient funds, you will be charged \$25.00 for the first returned check, \$30.00 for the second returned check and \$35.00 for the third returned check. Growing Places has the right to ask a family to pay their child's tuition with Electronic Funds Transfer (EFT) or with a money order after receiving three returned checks for a child's tuition over the course of any 12-month period.

Attendance Requirements:

Extra Days: Your child may attend an additional day upon request and if space permits. Such attendance MUST be pre-arranged with the School Age Director and will be billed to you in your next invoice. Growing Places reserves the right to deny permission for your child to attend an Extra Day if you have a past due balance.

Field Trip/Special Events: You will be notified if a special event or field trip is offered. Field Trips and Special Events may be an additional fee.

Full Day Programming: Enrollment for Full Day Programming (i.e. Teacher Workshops and School Vacation Weeks) is a separate enrollment process. If my child is contracted for a Teacher Workshop Day I will either be: credited the prorated tuition cost for the day if my child does not register OR charged the difference if my child enrolls for care that day. **Families who only utilize Full Day Programming are required to pay a registration fee of only \$25.**

Annual Approved Closures: Growing Places reserves the right to be closed for federal holidays and one professional development day. Families are still financially obligated for tuition payment of these days. [Please see page 9 for Approved Closures](#)

Holiday Recess: During this closure, I understand I will be charged 50% of my weekly tuition rate during this week and in full for one holiday day.

Extreme Weather: I understand that I am contractually obligated to pay my daily tuition fee even if Our Time closes due to weather, emergency or unforeseen circumstances on a day that my child is registered to attend.



Parent/Guardian Signature: _____ Date: _____

PARENT PICK UP/DROP OFF POLICIES & RELEASE CONSENT

- I understand if my child is attending before school care, or a full day program I must escort my child into the Our Time space and sign him/her in to the program.
- I understand that Our Time staff will ONLY release my child to authorized individuals listed on emergency contact form.
- I understand any change in authorized individuals must be made in writing.
- I understand that myself or one of the authorized individuals must personally escort my child from the pick-up area and sign him/her out.
- I understand that Our Time staff is authorized to ask for a valid photo ID to confirm the person picking up my child as an authorized individual.
- I understand that Our Time will call all authorized individuals if my child is not picked up by his/her scheduled dismissal time or if I cannot be reached.

Please list any people who may NOT pick up your child.

(If a biological parent is listed below, a court order or custody agreement must be handed in and kept with this form.)

Name: _____ Relationship: _____

A NOTE TO PARENTS/GUARDIANS FROM NH LICENCING BUREAU

Our program is licensed through the Department of Health and Human Services and the Bureau of Child Care Licensing. One licensing regulation is for parents/guardians to have direct, unannounced access to their child(ren). Because Moharimet Elementary School is a locked facility, we have a waiver from the Child Care Licensing Bureau. We are required by the Child Care Licensing Bureau to notify families and to keep your signature on file documenting that we have notified you of this.

INCLUSION POLICY

Growing Places is committed to ensuring that all children attending our programs have access to quality early childhood & youth recreation programming that provides developmentally appropriate experiences and nurtures positive learning and development. We will involve the child's family in our efforts to support his or her successful inclusion in our program. Growing Places will make every effort to successfully include and support children in our program. In rare circumstances the Executive Director of Growing Places, with input from appropriate staff, may make the decision that our program is not the right place for a child with challenging behaviors, which may result in the termination of care. We define a challenging behavior as any behavior that makes it difficult for a young child to be successful in a group environment. Such behaviors interfere with a child's ability to positively interact with others and may disrupt the learning process or even pose health and/or safety risks which do not respond to typical behavior intervention strategies (Izen and Kalinowski, 2010).

Before terminating care, staff will take steps to improve parent-teacher and teacher-child communication, to implement behavior strategies for the child, to make modifications to the environment when appropriate and to seek additional resources to try to help the child be successful in the program. If the decision is made that a child may no longer participate in our program, staff will make every effort to provide the family with a 2-week notice and if possible a referral to another child care facility.

Situations that may result in termination of care would include but not be limited to the following:

- Program staff are unable to meet the emotional, social or cognitive needs of the child or of other children in the program because of the child, or
- Program staff are concerned for the safety of the child or for the safety of other children or of staff in the program because of the child.



Parent/Guardian Signature: _____ Date: _____

PARENTAL PERMISSION SIGN-OFF SHEET

Yes No PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED: I give permission for my child to be photographed while attending Our Time for the purpose of promotion or display materials, such as but not limited to flyers, newsletters, social media such as Growing Places website or Facebook Page.

Yes No INFORMATION RELEASE: To support my child's social and emotional growth, I give permission for Growing Places staff and Staff within the Oyster River Cooperative School District to share/discuss information regarding my child's health needs and school supports.

Yes No RELOCATION WITHIN THE SCHOOL OR SPACE: On occasion, Our Time will be required to relocate from our designated space to another area within the school. I give my child permission to attend Our Time when it is operating in another space or school location that is not our primary space.

Yes No BEHAVIOR POLICY: I understand that if my child acts disrespectfully toward a teacher or another child, causes or with careless disregard causes harm or injury to another child by his/her actions, willfully destroys property, or behaves in such a way that staff would be concerned for the child's safety or the safety of others, Growing Places may decide to suspend the child the following day.

Yes No ORCSD PUPIL SAFETY AND VIOLENCE PREVENTION: I understand that Our Time is a guest of Moharimet Elementary School, and therefore abides by the ORCSD Bullying and Cyberbullying policy, which can be found here: http://orcscd.org/UserFiles/Servers/Server_538005/File/School%20Board/Policies/J/JICK - Pupil Safety - Bullying 06 01 16.pdf

If you replied "No" on any of the above, please share why:

EXTREME WEATHER POLICY

Growing Places understands the need for continued care regardless of extreme weather and works hand in hand with the district to minimize disruption in care. Growing Places uses the Oyster River Cooperative School District as a guide in determining whether to open, delay, or close during times of extreme weather.

- If ORCSD has no school, Growing Places will not run any school age programming.
- If ORCSD has a 2-hour delay Growing Places before school programming will delay opening to **8:00 am** and continue care until school begins at 10:45 am, unless communicated otherwise to families
- If ORCSD cancels all after school activities, Growing Places will still have After School Programming until 6:00 pm, unless communicated otherwise to families. Please plan travel time accordingly if extreme weather is present, as the program closes promptly at 6:00 p.m.
- IF ORCSD has an early release due to extreme weather, Growing Places will not run any after school programming.

*Any delays or closings for Growing Places School Age Programming will be posted on WMUR as **Growing Places-Our Time** as well as on our Growing Places Facebook Page.*



Parent/Guardian Signature: _____ Date: _____

2019/2020 SCHOOL AGE PROGRAMMING FEE SCHEDULE

Registration Fee - There is non-refundable \$125 registration fee per child per year (September – June) for Before School, After School and Drop In Care, to be paid at the time of enrollment. If a child enrolls after March 1st, the registration fee is reduced to \$75 (March - June). Families who are not already under contract with Growing Places, who are registering for Full Day Programming only, will be charged a registration fee of only \$25.

Tuition Deposit – Our school age program requires a deposit equal to two weeks of care at the time of enrollment. This deposit is applied to the child’s last two weeks of care, provided 2 weeks written notice is given.

Program Hours - During the school year, Our Time provides before school care from 7-8:45am and after school programming from school dismissal until 6pm Monday through Friday. During Full Day Programming, Our Time is open from 7:30am to 5:30pm.

‘Our Time’ Before and After School Program

Full Time (M-F) Before and After School \$150.00 per week

‘Our Time’ After School Program (3:00-6:00pm)

Full Time (M-F, includes Early Release Days) \$ 110.00 per week

Part Time (Minimum of 2 afternoons) \$ 26.00 per day

‘Our Time’ Before School Program (7:00-8:45am)

Full Time (M-F, includes Delayed openings) \$ 60.00 per week

Part Time (Min. of 2 mornings, includes Delayed Openings) \$ 14.00 per day

Full Day Programming

Vacation Week Full Time (M-F, 7:30am-5:30pm) \$230.00 per week

Vacation Week Part Time (Minimum 2 Days) \$60.00 per day

Workshop Full Days (7:30am-5:30pm) \$60.00 per day

Drop-In Rates

Drop In After School \$32.00 per day

Drop In Before School \$20.00 per day

Early Release \$40.00 per day

ORCSD Delayed Opening** \$32.00 per day

*** Delayed Opening Rate only applies when Oyster River Cooperative School District has a delay, but Growing Places does not. If both ORCSD and Growing Places have a delay, then families who add this block will be charged the typical drop in rate for Before School care.*



Parent/Guardian Signature: _____ Date: _____

2019/2020 APPROVED CLOSURES

Our Time will be closed the following days:

Date	Day of the Week	Holiday/Reason for Closure
September 2, 2019	Monday	Labor Day
October 14, 2019	Monday	Indigenous Peoples/ Columbus Day
November 11, 2019	Monday	Veteran's Day
November 27, 2019	Wednesday	Day Before Thanksgiving
November 28, 2019	Thursday	Thanksgiving
November 29, 2019	Friday	Day After Thanksgiving
December 23, 2019	Monday	Holiday Recess
December 24, 2019	Tuesday	Holiday Recess
December 25, 2019	Wednesday	Holiday Recess
December 26, 2019	Thursday	Holiday Recess
December 27, 2019	Friday	Holiday Recess
December 30, 2019	Monday	Holiday Recess
December 31, 2019	Tuesday	Holiday Recess
January 1, 2020	Wednesday	Holiday Recess
January 20, 2020	Monday	Martin Luther King Jr. Day
May 15, 2020	Friday	Worthy Wage Day
May 25, 2020	Monday	Memorial Day

2019/2020 FULL DAY PROGRAMMING OFFERINGS

Registration paperwork will be available early September for Fall Teacher Workshops and in early January for Spring Teacher Workshops and school vacations.

Our Time will provide full day programming on the following days:

Date(s)	Day of the Week
October 11, 2019	Friday
November 8, 2019	Friday
January 27, 2020	Monday
February 24-28, 2020	Monday - Friday
March 20, 2020	Friday
April 27 – May 1, 2020	Monday-Friday
May 22, 2020	Friday

SUPPLEMENTAL FORMS

Are the following attached to this registration packet?

Child Care Registration and Emergency Information Form (found on page 11 & 12): Yes No

Child Reunification Form (found on page 13): Yes No

Child Evacuation and Relocation Permission Form (found on page 14): Yes No

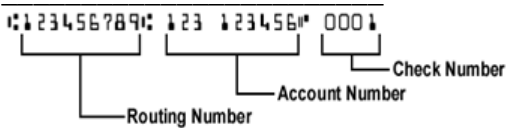
Child Health Form & Immunization records: Yes No *Not required, if your child attended during the 2018/19 school year*

If No, Growing Places requires this paperwork to be turned in no later than 48 hours prior to your child's first day at the program. Failure to provide this paperwork will result in the inability to utilize our program until this paperwork is provided.



Parent/Guardian Signature: _____ Date: _____



Last Name	First Name							
Address								
City	State	Zip						
Email Address								
Effective Date of Authorization: ____ / ____ / ____								
Type of Authorization: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change payment amount</td> </tr> <tr> <td><input type="checkbox"/> Change banking information</td> <td><input type="checkbox"/> Discontinue Electronic Payment</td> </tr> <tr> <td><input type="checkbox"/> Change frequency of payment</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue Electronic Payment	<input type="checkbox"/> Change frequency of payment	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change payment amount							
<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue Electronic Payment							
<input type="checkbox"/> Change frequency of payment								
Payment Options								
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly (Cannot accrue more than two weeks of tuition)	Date of first payment: ____ / ____ / ____ (payments are drawn on Fridays) Amount of Payment: \$ _____							
CHECKING/SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings (Contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check)	Routing Number: _____ Account Number: _____ 						
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.							
Authorized Signature: _____ Date: _____								

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Growing Places – Our Time School Age Program

04279

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

DATE OF CHILD'S ENROLLMENT : ____/____/____

Child's name:	Date of birth:
Address:	Phone number:

INFORMATION OF PARENT(S)/GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Special Instructions for Contact Parents/Guardians:	

EMERGENCY CONTACT PERSON: Families are required to list at least 1 person with whom you would feel comfortable leaving your child with, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSONS: I, _____, authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone Number:	Phone Number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIANS:

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 <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:

<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of **Growing Places** to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical 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 child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

Child Reunification – Release Form

Please update annually. This form will be used in case of emergency reunification procedure.

Child's Last Name:		Child's First Name:	
Date of Birth:	Address:		
Mother's Name:	Date of Birth:	Day Phone ()	
		Cell Phone ()	
		Home Phone ()	
Father's Name:	Date of Birth:	Day Phone ()	
		Cell Phone ()	
		Home Phone ()	
Legal Guardian's Name (if different from above):	Date of Birth:	Day Phone ()	
		Cell Phone ()	
		Home Phone ()	
If I/we are unable to pick up my/our child, I/we designate the following people to whom my/our child/children may be released in case of emergency.			
Name:	Date of Birth:	Phone ()	
Name:	Date of Birth:	Phone ()	
Name of person out of state in case of localized emergency:	State:	Phone ()	

Family/Guardian Signature: _____ Date _____

Updated Annually ____/____/____

Updated Annually ____/____/____

Updated Annually ____/____/____

Updated Annually ____/____/____

FOR GROWING PLACES STAFF USE ONLY			
Name of person child released to:		Released by:	
Proof of ID Provided:	Date:	Time:	AM PM
Destination:			

Evacuation and Relocation Permission Form

Off-Site Relocation for Parent/Guardians at Moharimet Elementary

Name of Program: Our Time Before and After School Program

Street Address: 11 Lee Road Madbury NH 03823

In the event there is a need to evacuate the staging area because of an emergency/disaster within that area, the staff and children will be transported by foot to the primary relocation site the Moharimet Sugar Shack.

Primary Relocation Site Contact Person: Principal David Goldsmith

Primary Relocation Site Street Address: 11 Lee Road Madbury NH 03823

Primary Relocation Site Phone Number: (603) 969-8677 (Program Cell Phone)

If in the event the primary relocation site is inaccessible, the alternate relocation site of Madbury Public Library will be used.

Alternate Relocation Site Contact Person: Susan Sinnott, Director

Alternate Relocation Site Street Address: 9 Town Hall Road, Madbury NH 03823

Alternate Relocation Site Phone Number: 603-743-1400

If necessary, children will be transported to this healthcare facility: Wentworth Douglass Hospital

Healthcare Facility Street Address: 789 Central Avenue, Dover NH 03820

Healthcare Facility Phone Number: 603-742-5252

This permission form may be used in the event of an actual or practice drill of an emergency/disaster. This **Relocation/Evacuation Permission Form** provides a release stating that you as the parent/guardian authorize Growing Places to take your child off the child care site for the purpose of relocation and/or evacuation. A relocation drill may require walking your child to primary and alternative relocation sites. This permission slip covers your child's participation in emergency relocation/evacuation drills throughout the year. This will involve leaving the child care facility site with child care staff. You will be notified in advance when a relocation and/or evacuation drill will take place and where to pick up your child.

Child/Children's Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian's signature for permission to treat medically in an emergency/disaster:



Date: _____