

# PENACOOK COMMUNITY CENTER

PO Box 6008 \* Penacook, NH 03303  
603 753-9700 \* Fax 603 753-6691  
www.penacookcommunitycenter.org

## OFFICE USE ONLY

Today's Date: \_\_\_\_\_

Program enrollment Fee \$65  
\_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

## Program Enrollment 2011/2012

Child's Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Street Address: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

City/Town: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Allergies \_\_\_\_\_

Non- refundable Program Enrollment fee: \$65.00 per child

Program Desired: (Use one form per child)

Magnificent Monkeys Program (2 years old)  
\$171.00 per week (7:00am – 5:30pm)

Terrific Tigers Program(3 years old)  
\$161.00 per week (7:00am – 5:30pm)

Busy Bees Program (4 years old)  
\$161.00 per week (7:00am – 5:30pm)

Kinder Care Program (5 years old)  
\$146 per week for PES students (7:00-5:30)  
\*\$150 per week for BES students (7:00-5:30)

School Age Program(6 to 12 years old)  
for Penacook/Boscawen Schools  
\$72 per week PES students (7:00-5:30)  
\*\$76 per week BES students (7:00-5:30)

\*There is a \$4 per week transportation fee for all children attending Boscawen Elementary School.

\*\*Tuition Subject to change

### Parent/Guardian Statement:

*I /We hereby give permission for my/our child to participate in any and all activities at the Penacook Community Center. I /We understand that my/our child will be transported from their school to the Center and may travel, by foot, to Rolfe Park for various activities as part of the program. I /We agree to pay in advance a set weekly fee regardless of the number of days attended. Checks are payable to the Penacook Community Center. I /We agree to hold harmless the Penacook Community Center, Inc., it's employees, volunteers, and all other associated with the program for any mishaps/accidents or other incidents resulting from my/our child's participation in the Center's programming. Further, I /we give permission/ approval for emergency medical care by qualified medical personnel, and hospitalization if required.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### How did you hear about PCC's Programs:

\_\_\_\_\_ Referral \_\_\_\_\_ Flyers \_\_\_\_\_ Newspaper/Radio \_\_\_\_\_ Website \_\_\_\_\_ Other: \_\_\_\_\_