

# 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: \_\_\_\_\_

Reg. Fee Paid: \_\_\_\_\_

Annual Membership Pd: \_\_\_\_\_

\$35 (1 child) \$55 (2 children) \$65 (family)

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

## Program Registration 2010/2011

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

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

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

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

Allergies \_\_\_\_\_

Non-refundable Program Registration fee: \$30.00 per child

Program Desired: (Use one form per child)

Magnificent Monkeys Program (2 year olds)  
\$165.00 per week (7:00am-5:00pm)  
( 7:30-5:30pm)

Terrific Tigers Program(3 year olds)  
\$155.00 per week (7:00 am — 5:00 pm)  
(7:30 am — 5:30 pm)

Busy Bees Program (4 Year Olds)  
\$155.00 per week (7:00 am — 5:00 pm)  
(7:30 am — 5:30 pm)

Kinder Care Program (5 Year olds)  
\$140 per week for PES students (7:00-5:30)  
\$144 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: \_\_\_\_\_