



# Summer Program 2026

## Full Registration packet

Please complete this packet and ensure we have the following additional forms to complete registration.

### Additional forms needed before attendance:

- 1) health form: \*dated within the last 12 months if your child is 5 years old or younger OR \*dated within the last 2 years if your child is 6 or older.
- 2) Immunization record

**We are excited for this summer's program! Please keep this first page as reference and return the following pages.**

### Summer Hours of operation:

6:30 am - 5:30 pm Mon - Fri

### Rates and Fees:

- Reg fee \$50 per skipper - additional siblings receive a \$5 discount
- Full week is \$250, 4 or less days is \$220 per week
- Early Bird discount for complete packets received by 3/31/26! \$25 off each full week and \$20 of each partial week
- Additional SKIP t-shirts for \$10
- Registration closes June 5<sup>th</sup>, late registrations incur a \$25 per week late fee and are subject to availability.
- All other policies apply

### What's Included:

- 1 SKIP t-shirt for field trips
- Breakfast, morning and afternoon snack
- Indoor (with AC) and outdoor play spaces
- Curated activities throughout a structured day
- Walking trips in town

### What Your Skipper Needs to Bring

#### EVERYDAY:

- A nutritious lunch (no candy or soda)  
We can't refrigerate lunchboxes..
- A water bottle (we will refill it)
- A change of clothes, including socks and underwear.
- Good walking shoes (not flip flops)
- A towel
- A bathing suit and water sandals or shoes (this is where flip flops shine)  
We can't have bare feet inside and sandals help make it easier to change for water play.
- Spray on Sunblock. A face stick may be sent in addition. These will be labeled and kept at the building out of reach of children and applied by staff only in accordance with State Licensing regulations.

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# Summer Program 2026 Contract Page 1

14 Vine street, Peterborough NH 03458  
www.kidsatskip.org

603-924-7050  
director@kidsatskip.org

Child's Name: \_\_\_\_\_ \*I would like additional tee shirts:  
 Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ \$10 each (please note if you Qty: \_\_\_\_\_  
 Child's T-Shirt Size: Youth / Adult XS S M L XL want adult or youth size(s) Size(s): \_\_\_\_\_  
 Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

- \* Please select the days in each week you wish for your child to attend:  
 \$250 per 5 day weeks. \$220 for 4 or less days. Early bird discount for fully completed contracts received before March 31st (\$25 off 5 day weeks and \$20 off weeks of 4 or less days)
- \* Signature of this Contract indicates acknowledgement that payment is due whether child attends, or not.
- \* No Refunds. Substitutions are not guaranteed. Please plan carefully.

Week	Theme	Mon	Tues	Wed	Thurs	Fri	Total
1 June 29 - July 2	Aloha Summer					Closed	
2 July 6 - July 10	Blowing Off S.T.E.A.M.						
3 July 13 - July 17	Dinosaur Week						
4 July 20 - July 24	SKIP Olympics						
5 July 27 - July 31	Movie Makers						
6 Aug 3 - Aug 7	Under The Sea						
7 Aug 10 - Aug 14	Unlimited Adventures						

\* I, \_\_\_\_\_ (parent's name) give the following permission to School Kids In Peterborough to use photos of my child(ren), \_\_\_\_\_ for the possible purpose of promoting our program, encouraging volunteers, creating promotional materials, or for use in posts on our website, social media, or in local newspapers. (We never use last names)

I allow my child's first name to be used.  
 I allow unnamed photos of my child to be used.  
 I do not want photos of my child used in any way.

Please fill out the reverse of this form completely

\* Supply list: Every Skipper needs these supplies **Everyday!**

- water bottle  good walking shoes  a bathing suit  towel
- Spray on sunblock (a face stick can be sent in addition)
- A change of clothes including socks and underwear
- Water shoes or Sandals

\* **Policies for SKIP's Summer Contracts are as follows:**

- Initial \_\_\_\_\_
1. Outstanding balances from prior enrollments must be paid in full prior to 2026 Summer enrollment.
  2. A non-refundable registration fee of \$50.00 will be payable upon enrollment in the program. Additional siblings receive a \$5 discount each. This fee includes a t-shirt that must be worn on all field trips.
  3. All proper enrollment materials and registration fee must be provided to secure a space in the program. In order for your registration and contract to be complete you must fill out the **entire packet** and provide us with a current health form and immunization record.
  4. Contracted services must be paid regardless of attendance, as space will be reserved for your child. **\*Please be sure to consider your family's vacation plans before submitting your contract. There will be no refunds. Staff is hired and supplies purchased in advance according to contracts.**
  5. Any registration contracts received after June 5th will be subject to an additional \$25 per week tuition fee, and be subject to availability.
  6. Any non-contracted (drop-in) attendance must be approved by the **Director**, Not child care staff, at least 24 hours prior to dropping in. Drop-in fees will be invoiced separately and are due the same day.
  7. You must notify SKIP if your child will be absent as soon as you know (the day before if possible.) A \$20.00 fee may be assessed if SKIP is not notified of your child's absence on a contracted day.
  8. Once your registration has been accepted, you will receive your invoices. **Tuition for the first 4 weeks is due in full by June 26th. Tuition for weeks 5-7 is due in full by July 24th. Your child(ren) can not attend if tuition is not paid by the due date. If you are receiving the state childcare scholarship, you are required to pay your cost share in full for the contracted weeks as outlined above.**
  9. Families with the state's childcare scholarship are responsible for the full amount of their child's tuition. It is the family's responsibility to meet the requirements of the state to receive the scholarship. We will notify you immediately if we see a change in your scholarship.
  10. The state scholarship will only help cover hours the child is in attendance. Families are responsible for the entire difference between our rate and what is paid by the state. State funds are applied after the week of service. **It is the family's responsibility to pay their cost share amount prior to service.** Please contact the director if you need help identifying your cost share amount.
  11. SKIP will assess a \$40.00 late fee for balances remaining 2 weeks past due, with an additional \$40.00 fee for each additional week the balance is unpaid.
  12. SKIP will assess a \$10.00 fee if a child is sent without a packed lunch. **We do not offer a lunch service**, only breakfast and 2 snacks. You must ensure your child(ren) has a proper lunch.
  13. Additional fees may be assessed for children who are not sent with the items they need daily, to include a water bottle, bathing suit, towel, change of clothes (including underwear and socks), Good walking shoes and a **spray on** sunblock. A face stick may be provided in addition to a spray on sunblock. This must stay at the building, out of reach of children as per licensing regulations. We label all sunblocks and provide cubbies where clothing can be left.
  14. A \$40.00 fee will be assessed for checks returned for insufficient funds. Check payment will not be accepted if a second bounced check occurs.
  15. There is a \$1.00 per minute penalty charge for every minute your child is picked up after our closing time, which is 5:30 pm.
  16. All other School Kids In Peterborough Family Handbook Policies apply to the summer session.

**I/We hereby contract with SKIP's Summer program for the selected days on page 1. By signing this form I/We agree to abide by School Kids In Peterborough's financial policies. There are no refunds for any reason. This is a legal contract.**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Complete the Entire packet to follow. Many of the pages are required by licensing. Your child cannot attend if we do not have them on file. Thank you**

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION



04702

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

\* **TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT \_\_\_\_\_

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

**IDENTIFYING INFORMATION OF PARENT/S OR 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.	
Business Name:	Business Name:
Address:	Address
Phone number:                      Hours:	Phone number:                      Hours:
Email:	Email:
<b>Special Instructions for reaching parent/guardian:</b>	

**EMERGENCY CONTACT PERSON:** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, 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. Examples: if your child was sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

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

**NON-EMERGENCY ALTERNATE PICK-UP PERSON/S:** I, \_\_\_\_\_

(Parent/Guardian Signature)

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

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: [https://new-hampshire.my.site.com/nhccis/NH\\_ChildCareSearch](https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch) or by contacting the unit at [cclunit@dhhs.nh.gov](mailto:cclunit@dhhs.nh.gov) or 603-271-9025.

**WHAT WE DO:** The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>.

**CONVERSATIONS WITH CHILDREN – MONITORING VISITS:** During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

**CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS:** During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:




I give permission for child care licensing staff to speak with my child while with their class or group.

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 my permission for child care licensing staff to speak with my child while with their class or group.

Child Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CHILD CARE REGISTRATION AND EMERGENCY INFORMATION**

**\* 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 \_\_\_\_\_ School Kids In Peterborough \_\_\_\_\_ 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**

Please fill out this section for OTC meds only.

We have a separate form if the need for prescription medication arises. We do ask that you avoid the need for daily prescription meds to be administered at SKIP when at all possible. If your child needs an inhalers or epipen please notify us so we can get you the correct forms.

**\* AUTHORIZATION TO ADMINISTER NON PRESCRIPTION MEDICATION**

IN ACCORDANCE WITH THE C4002.18, THIS FORM MUST BE COMPLETED PRIOR TO THE ADMINISTRATION OF ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATION.

NON-PRESCRIPTION MEDICATION MUST BE IN ORIGINAL CONTAINER, AND WILL BE ADMINISTERED IN ACCORDANCE WITH THE MANUFACTURER'S PRINTED INSTRUCTIONS. IF THERE ARE NO MANUFACTURER'S PRINTED INSTRUCTIONS FOR THE AGE OF THE CHILD, THE PROGRAM MAY ADMINISTER THE NON-PRESCRIPTION MEDICATION IN ACCORDANCE WITH THE WRITTEN, DATED AND SIGNED INSTRUCTIONS FROM THE CHILD'S PARENT, INCLUDING A STATEMENT THAT THE INSTRUCTIONS HAVE BEEN REVIEWED/APPROVED BY THE CHILD'S LICENSED HEALTH PRACTITIONER, OR WITH SIGNED, DATED WRITTEN INSTRUCTIONS FROM CHILD'S LICENSED HEALTH PRACTITIONER.

I do not authorize administration of any medications to my child while at SKIP

PARENT'S AUTHORIZATION

**I AUTHORIZE CHILD CARE PERSONNEL AT** \_\_\_\_\_ **School Kids In Peterborough** \_\_\_\_\_ **TO ADMINISTER THE**  
NAME OF CHILD CARE PROGRAM

FOLLOWING MEDICATION TO MY CHILD:

	<small>CHILD'S NAME</small>	<small>DATE OF BIRTH</small>
NAME OF MEDICATION	DOSAGE or weight of child	
_Tylenol_ (or generic) _____	_____	
_Ibuprophen_____	_____	
_Benadryl_ (or generic) _____	_____ <b>**only for allergic emergencies</b>	
PARENT/GUARDIAN'S SIGNATURE _____	DATE SIGNED _____	

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:

Call me first at \_\_\_\_\_ (phone number)

# School Kids In Peterborough

**Health Information:** Please note each child  
Operations / Serious injuries:

Chronic or recurring illness:

Dietary restrictions: \*Please note that a doctor's note is required for alt options to be provided

Learning / Behavioral needs:

If your child has an I.E.P. or 504 plan, please include a copy for us.

Physical, Social, Emotional, or Sensory needs:

Activity limitations or special conditions to be aware of:

**Tell us about your Skipper(s):**

Any information that you can share with us to make your child more comfortable at SKIP is greatly appreciated and valued. It's our goal to make every child's stay at SKIP as positive an experience as possible.

What 3 things does your child want us to know about them?:

What 3 things do you want us to know about your child?:

What things does your child not like?:

Things I expect from SKIP:

Please list any concerns you may have:

Any other info you'd like to share with us: