

NEW HEIGHTS SCHOOL YEAR 2009 MEMBERSHIP REGISTRATION

Participant Name: _____ Preferred Phone: _____
 (Please fill out one form per child.)

TEEN CENTER MEMBERSHIP

Step 1: Select the months that you wish to attend.

- 1 October
- 2 November
- 3 December
- 4 January
- 5 February
- 6 March
- 7 April
- 8 May

**Please note: Teen center is free to try in the month of September!*

Step 2: Select your family's Income Level.

For any additional children, please select the appropriate box.

<u>FAMILY INCOME LEVEL</u>		<u>MONTHLY RATE</u>	<u>FULL YEAR *</u>
\$0-\$74,999	1st Child	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$ 87.50
	Each Additional Child	<input type="checkbox"/> \$ 6.25	<input type="checkbox"/> \$ 43.75
\$75,000 & above	1st Child	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$175.00
	Each Additional Child	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$ 87.50

* Full year price only applies to those who pay in full.

Any household under \$75,000, must include a copy of your 2008 W-2's.

Step 3: Van Transportation:*

New Heights provides limited van transportation home to designated locations. Please select your stop by checking off the appropriate box. There is a fee of \$10.00 per month for use of the van. For every additional child, there is a fee of \$5.00 per month.

- Atlantic Heights
- Beechstone Apts
- Crossroads
- Elwyn Park
- Gosling Meadows
- Osprey Landing
- PMS
- Wamesit
- Winchester Place

I do not require van transportation

*There is free bus transportation from Portsmouth Middle School and Portsmouth High School to New Heights for all students.

Step 4: Determine your total amount due.

of Months of Teen Center _____
 x Monthly Teen Center Rate \$ _____
OR Full Year Teen Center Rate \$ _____
 = Teen Center Total \$ _____
 # of Months of Van Usage _____
 x Monthly Van Rate \$ _____
 = Van Use Total \$ _____
 + Teen Center Total \$ _____
Total Amount Due \$ _____

MEMBER BENEFITS

- * Unlimited access to New Heights school year Teen Center programming
- * Priority for school vacation, evening, and weekend trips.
- * \$5.00 discount for school vacation, evening, and weekend trips.
- * If you sign up and **pay in full** for the year, you get one month free!



For calendars and updated information visit www.newheightsonline.org

PAYMENT

- Acceptable forms of payment include: cash, check, money order and credit card.
- Payment for each Teen Center month is due prior to attending that month.

I would like to pay in monthly installments

To pay by credit card, select: Visa MasterCard Name as it appears on card: _____

Card Number: _____ Expiration date: _____ Amount to be charged: \$ _____

**Please note: If you have concerns regarding payment, please call (603) 422-8235.*

All credit card payments will appear on your statement as Seacoast Mental Health Center, Inc.