NOTTINGHAM RECREATION
P.O. BOX 114, 139 STAGE RD., NOTTINGHAM NH 03290
PH: 603-679-3435, WWW.NOTTINGHAM-NH.GOV
OFFICE HOURS MON-FRI 9:00 AM-4:00 PM

Split Household Agreement
Nottingham Recreation Department
139 Stage Rd. 603-679-3435
recreation2@nottingham-nh.gov

To split a currently existing household or create a household with children in two different households, we must have the Split Household Agreement signed by both heads of household. Children in a current household can be placed in both households (linked) or placed only in one household. If parents would like to split the payments of child(ren)'s programs, the Recreation Department will adjust the payment plan in our system. Our system will split the payments/billing for each head of household. This agreement is solely for the purpose of clear documentation of household and payment intention. It is the responsibility of the child(ren)'s parents to pay amounts due to the Recreation Department.

If a program has already accrued a balance and you would like the amount backdated and split, the Recreation Department requires the payment intent documented on this agreement from both heads of household agreeing on the date for which payments from each person will begin. We will attach statements to this agreement as further proof of agreement and adjust accordingly within our system.

Please list the names you would like in each household. If you would like the children in both households, please write their names under both households.

Household #1
Primary Guardian _____
Address_____
_____
Home phone _____
Work phone_____
Cell phone_____
Email address _____
Child #1_____
Child #2_____
Child #3_____
Child #4_____
Pick-up Persons Permission List: (name & phone number)
1._____
2._____

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3._____

Household #2

Primary Guardian _____

Address_____

_____

Home phone _____

Work phone_____

Cell phone_____

Email address _____

Child #1_____

Child #2_____

Child #3_____

Child #4_____

Pick-up Persons Permission List: (name & phone number)

1._____

2._____

3._____

Payment Arrangement for Programs

Program Name #1: _____

Primary Guardian #1 Payment Start Date: _____Paying Bi-Weekly? Yes ____ or No ____ If no, please indicate _____

Primary Guardian #2 Payment Start Date: _____Paying Bi-Weekly? Yes ____ or No ____ If no, please indicate _____

Program Name #2: _____

Primary Guardian #1 Payment Start Date: _____Paying Bi-Weekly? Yes ____ or No ____ If no, please indicate _____

Primary Guardian #2 Payment Start Date: _____Paying Bi-Weekly? Yes ____ or No ____ If no, please indicate _____

Primary Guardian #1 (print) _____ Date _____

Primary Guardian #1 (sign) _____

Primary Guardian #2 (print) _____Date _____

Primary Guardian #2 (sign) _____

Nottingham Recreation Department _____Date _____