

**Summer Day Camp
Registration
2018**



Office Use Only

Today's Date _____ CK# _____

Initials _____

Member Information

Child's Name _____ Gender: Male Female DOB: _____
 Age _____ School _____ Grade in the Fall: _____
 Mailing Address _____ City _____ State _____ Zip: _____
 Home Phone # _____

Contact Information

Parent/Guardian #1 Name _____ Cell # _____ Work# _____
 Employer _____ Email _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Parent/Guardian #2 Name _____ Cell # _____ Work # _____
 Employer _____ Email _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Child Resides With: _____

Additional Contacts

Additional Name _____ Relationship _____ Primary # _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Additional Name _____ Relationship _____ Primary _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Additional Name _____ Relationship _____ Primary # _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up

Medical Information

Name & Phone # of Child's Doctor _____
 Does child wear a medic-alert tag? No Yes please describe: _____
 Allergies (drugs, foods, insect stings, etc.) No Yes please describe: _____
 Can Child Swim? No Yes
 Does your child require use of a car seat? No Yes
 Any recent injuries, illnesses, operations? No Yes please describe: _____
 Physical Disabilities or Chronic Conditions? No Yes please describe: _____
 Psychological, Emotional or Behavioral Disorders? No Yes please describe: _____
 Is there anything else we should know about child's physical or emotional condition? No Yes please describe:

 Does the Child take daily medication? No Yes please describe: _____
 Will the child need to take medication at PCC? No Yes ***If Yes, a medical form must be filled out. Medication must be in its original container and will only be dispensed according to label. Authorizations may be faxed to and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.**



Weekly Fee and Financial Assistance

1. Weekly fee is \$165, 3-4 days is \$40/day, 1-2 days is \$50/day
2. State of New Hampshire Child Care Assistance Program:
Are you currently eligible and “linked” to PCC through the State? Yes No
If no, please meet with a PCC staff member to complete the State Form 2530
3. PCC Camp Scholarship – Call (603) 753-9700 to set up a time with Executive Director

Please check the dates your child will be attending camp. Select “Full Week” if your child will be attending Monday through Friday, or specify individual dates of attendance.

Weeks	Full Week	Days (Check Dates Attending)
Week 1	___ June 25 - June 29	__M __T __W __TH __F
Week 2	___ July 2 - July 6 (closed Wednesday 7/4)	__M __T __TH __F
Week 3	___ July 9 - July 13	__M __T __W __TH __F
Week 4	___ July 16 - July 20	__M __T __W __TH __F
Week 5	___ July 23 - July 27	__M __T __W __TH __F
Week 6	___ July 30 - August 3	__M __T __W __TH __F
Week 7	___ August 6 - August 10	__M __T __W __TH __F
Week 8	___ August 13 - August 17	__M __T __W __TH __F
Week 9	___ August 20 - August 24	__M __T __W __TH __F

*For more information related to registration, financial assistance and payments contact the Main Office at 603-753-9700. Questions related to camp programming contact: Justin Smith 753-9700 or email jsmith@penacookcommunitycenter.org.

Camp Tee Shirts

One camp shirt will be provided on the first day of camp. Additional shirts may be purchased for \$10.00 each.

Shirt size wanted:

<u>Child</u>	<u>Adult</u>
Small: 6/8	Medium
Medium: 10/12	Large
Large: 14/16	XL

Additional # of T-shirts at \$10.00ea. _____ \$ _____

Parent Authorizations

Release and Authorization for Minors:

I/We hereby give permission for my/our child to participate in any and all activities at the Penacook Community Center Inc.

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability:

I/We agree to hold harmless the Penacook Community Center, Inc., its employees, volunteers, and all others associated with the Center from any injury or accident or occurrence arising out of my/our child's participation in the Program selected at the beginning of this registration form or presence on the Penacook Community Center Inc.'s premises.

Parent/Guardian Signature: _____ Date: _____

Transportation Authorization:

The Penacook Community Center Inc. may transport my child after school and on field trips. I understand that the licensed childcare program is responsible for my child from the time he/she arrives at the program services site until her or she leaves the program.

Use of Sunscreen:

I give permission for my child to wear sunscreen. Penacook Community Center Inc. staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen, I give Penacook Community Center Inc. staff permission to use a sunscreen, provided by the Penacook Community Center Inc., for my child.

Parent/Guardian Signature: _____ Date: _____

First Aid:

I give permission for my child to receive basic first aid treatment. (i.e. band aids, ice packs, etc...)

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Transportation:

I give permission to Penacook Community Center Inc. to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature: _____ Date: _____

Photo Authorization:

I, parent or legal guardian, give/grant Penacook Community Center Inc. permission to use any films, photographs, audio or videos, and internet uses taken for informing the public about Penacook Community Center.

Parent/Guardian Signature: _____ Date: _____

Other Information

<i>*Please make sure to read thoroughly</i>	<i>Parent Int.</i>
<ul style="list-style-type: none"> Age for enrollment is 6 years of age or have completed kindergarten (whatever comes first) through to the age of 12 years old. 	
<ul style="list-style-type: none"> A \$45 non-refundable registration fee (before April 1st.) \$65 non-refundable registration fee (After April 1st) due upon registration. 	
<ul style="list-style-type: none"> Camp shirts must be worn on all fieldtrips. If a member shows up without a camp shirt, one will be provided. An additional fee of \$10 will be charged to your account. 	
<ul style="list-style-type: none"> An up-to-date physical, immunization record, deposit and registration packet are required for acceptance. 	
<ul style="list-style-type: none"> After we receive a full packet for registration a confirmation letter will be provided. Please look over and check the dates that they match what you requested. 	
<ul style="list-style-type: none"> If the child needs to take prescription medication while in attendance with PCC, we must have an authorization from signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends. 	
<ul style="list-style-type: none"> Over the counter medications will only be dispensed with written authorization from the parent/ guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's printed instructions. 	
<ul style="list-style-type: none"> Payment is due the FRIDAY BEFORE the week of service. A fee will be charged for late payments. TWO weeks of non-payment may result in immediate termination from the program. The full weekly tuition is payable regardless of the number of days your child attends. All checks should be made payable to the Penacook Community Center (PCC) and print your child's name in the "memo" portion of your check. 	
<ul style="list-style-type: none"> A two-week written notice to the Summer Camp Director and/or Main Office is required for withdrawal from the program or tuition will be due in full for these two weeks. If you are past due with your tuition payment, you are responsible for paying the total tuition prior to your child's last day of attendance. 	
<ul style="list-style-type: none"> All forms of payment are accepted. An additional \$40 fee will be assessed for returned checks along with a \$25 late payment fee. 	
<ul style="list-style-type: none"> The Penacook Community Center Programs are open 7am to 5:30pm. Late pickups will be charged \$1 per minute. Late fees will be required upon payment. 	
<ul style="list-style-type: none"> If a parenting plan or any court documents are in place prohibiting a parent/guardian or other contact listed on the application, from picking up a member, a copy of any documents must be provided to the Main Office. If there are no court documents in place, a letter written by the primary parent/guardian must be provided to the Main Office stating your reason why this person or persons are prohibited from picking up the member. If, at any time there are any changes made, the Main Office must be notified. 	