

**Summer Day Camp  
Registration  
2020**



**Office Use Only**

Today's Date \_\_\_\_\_ CK# \_\_\_\_\_  
Initials \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Enrollment Date \_\_\_\_\_  
Entered in Pro-Care \_\_\_\_\_

**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: \_\_\_\_\_ Total Number of Members in Household: \_\_\_\_\_

**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: \_\_\_\_\_  
Does Child have Epi-pen **No Yes** An inhaler? **No Yes**  
Does your child require use of a car seat? **No Yes** Can Child Swim? **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: \_\_\_\_\_  
Does Child have a recent IEP or 504 plan? **No Yes** *\*If Yes, please provide upon registration*  
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 \$165.00, 3-4 days is \$40.00/day, 1-2 days is \$50.00/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 the Administrative Support Specialist to complete the State Form 1863

**3. PCC Camp Scholarship – Call (603) 753-9700 ext. 103 to set up a time to meet with the 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 8 - June 12	__M __T __W __TH __F
Week 2	__ June 15 - June 19	__M __T __W __TH __F
Week 3	__ June 22 - June 26	__M __T __W __TH __F
Week 4	__ July 1 - July 3 (closed Friday 7/3)	__M __T __W __F
Week 5	__ July 6 - July 10	__M __T __W __TH __F
Week 6	__ July 13 - July 17	__M __T __W __TH __F
Week 7	__ July 20 - July 24	__M __T __W __TH __F
Week 8	__ July 27 – July 31	__M __T __W __TH __F
Week 9	__ August 3 - August 7	__M __T __W __TH __F
Week 10	__ August 10 - August 14	__M __T __W __TH __F
Week 11	__ August 17 - August 21	__M __T __W __TH __F
Week 12	__ August 24 - August 28	__M __T __W __TH __F

\*For more information related to registration, camp programming and payments contact the Main Office at 603-753-9700.

Or Email us at [PCCSummerCamp@penacookcommunitycenter.org](mailto:PCCSummerCamp@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:

**Child**

Small: 6/8

Medium: 10/12

Large: 14/16

**Adult**

Medium

Large

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 or all activities at the Penacook Community Center.

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 premises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Transportation Authorization:

The Penacook Community Center may transport my 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Use of Sunscreen:

I give permission for my child to wear sunscreen. Penacook Community Center 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 staff permission to use a sunscreen, provided by the Penacook Community Center, 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/ Evacuation Transportation:

I give permission to Penacook Community Center to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately. I understand that Penacook Community Center, Inc. may need to evacuate/relocate in the event of an emergency. If unable to walk, I grant permission to transport my child(ren) in a company or private vehicle. I understand that in the event of an unforeseen emergency, my child(ren) may not be properly restrained in the vehicle.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Authorization:

I, parent or legal guardian, give/grant Penacook Community Center 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: \_\_\_\_\_

### Daily Walking Permission:

I, parent or legal guardian, give/grant Penacook Community Center Staff permission to take my child on walking adventures (Rolfe Park, Penacook Library, and surrounding areas).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Other Information

<b><i>*Please make sure to read thoroughly and initial showing your understanding of the following policies:</i></b>	<b><i>Parent Int.</i></b>
<ul style="list-style-type: none"> <li>Age for enrollment is 6 years of age or have completed kindergarten (whatever comes first) through to the age of 12 years old.</li> </ul>	
<ul style="list-style-type: none"> <li><b>A Registration Fee is being waived for enrollment.</b></li> </ul>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<ul style="list-style-type: none"> <li>An up-to-date physical, immunization record, deposit and registration packet are required for acceptance.</li> </ul>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<ul style="list-style-type: none"> <li>If the child needs to take prescription medication while in attendance with PCC, we must have an authorization form signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends.</li> </ul>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<ul style="list-style-type: none"> <li>Payment is due the <b>FRIDAY BEFORE the week of service</b>. 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.</li> </ul>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<ul style="list-style-type: none"> <li>All forms of payment are accepted. An additional \$40 fee will be assessed for returned checks along with a \$25 late payment fee.</li> </ul>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<ul style="list-style-type: none"> <li>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.</li> </ul>	
<ul style="list-style-type: none"> <li>Parent/Guardian contact information, along with emergency contact information <b>must always</b> be current. I/we will provide PCC with phone numbers that are always in proper working order. If changes occur, I will notify Penacook Community Center, Inc. immediately.</li> </ul>	