

2017 Summer Day Camp Registration

Member Information

Child's Name: _____ Gender: Male Female DOB: _____
Age _____ School _____ Grade entering _____
Mailing Address _____ City _____ State _____ Zip: _____
Home Phone # _____
Father's Name _____ Cell # _____ Work # _____
Email _____
Mother's Name _____ Cell # _____ Work # _____
Email _____
Additional Guardian's Name _____ Relationship _____
Cell # _____ Work # _____
Child Resides With: _____

REQUIRED Emergency Contact: Please list at least two people other than Parents/Guardians listed above to contact in case of emergency

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

People authorized to pick up my child OTHER than those listed above:

Medical Information

Name & Phone # of Child's Doctor _____
Does child wear a medic-alert tag? No Yes*
Allergies (drugs, foods, insect stings, etc.) No Yes*
Can Child Swim? No Yes
Any recent injuries, illnesses, operations? No Yes*
Physical Disabilities or Chronic Conditions? No Yes*
Psychological, Emotional or Behavioral Disorders? No Yes*
Is there anything else we should know about child's physical or emotional condition? No Yes*
Does the Child take daily medication? No Yes*
Will the child need to take medication at PCC? No Yes**
*If Yes, please describe.

***If your child requires medication, 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 - Meet with Michelle Koliass (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 26 - June 30	__M __T __W __R __F
Week 2	__ July 3 - July 7 (closed Tuesday 7/4)	__M __W __R __F
Week 3	__ July 10 - July 14	__M __T __W __R __F
Week 4	__ July 17 - July 21	__M __T __W __R __F
Week 5	__ July 24 - July 28	__M __T __W __R __F
Week 6	__ July 31 - August 4	__M __T __W __R __F
Week 7	__ August 7 - August 11	__M __T __W __R __F
Week 8	__ August 14 - August 18	__M __T __W __R __F
Week 9	__ August 21 - August 25	__M __T __W __R __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 shirt is provided to your child on the first day of camp (free of charge). Additional shirts may be purchased for \$10.00 each.

Circle T-shirt Size

- | | |
|---------------|--------------|
| <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. _____ \$ _____

Office Use Only:

Deposit: \$ _____ Additional Fees: \$ _____ Total Amount Due: \$ _____

Waiver and Release of Liability and Authorization for Minors:

In consideration of being allowed to participate in any way in the Penacook Community Center and related events and activities, the undersigned agree to the following:

- x As the parent or legal guardian of the participant I will instruct the minor participant that prior or participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor or supervisor or other event organizer of such condition(s) and refuse to participate.
- x We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economical losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- x We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- x We release, waive, discharge and covenant not to sue the Penacook Community Center, its affiliated programs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released or otherwise.
- x By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Penacook Community Center program or related events and activities.
- x I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Penacook Community Center will be notified in advance of any changes in the member's health status that may affect the member's needs during the Penacook Community Center's activities. I declare the statements on this form to be true.
- x This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature: _____ Date: _____

(continued)

Transportation Authorization: The Penacook Community Center may transport my child 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. Peacock 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.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Transportation: I give permission 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 permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about Penacook Community Center.

Parent/Guardian Signature: _____ Date: _____

The licensing authority for this program is the bureau of licensing and certification child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must make them available for parents to review upon request. Statement of findings and corrective action plans are also available online at <http://childcare.dhhs.nh.gov> or by calling the bureau at (603) 271-4624 or 1-800-852-3345 ext. 4624. During the licensing, monitoring, and complaint investigation visits to licensed program the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if your do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the site director or designee, and update annually, a signed, dated statement indicating your preference.

Other Information

Parent initial ___ A \$65 non-refundable registration fee is due with this application.

Parent initial ___ You will receive a confirmation letter in the mail or via e-mail. It is your responsibility to check that the weeks listed on the confirmation letter are correct and to be sure that all of the weeks chosen are available. If you have any questions, please contact our Main Office.

Parent initial ___ An up-to-date physical, immunization record, deposit and registration packet are required for camp acceptance.

Parent initial ___ If the child needs to take prescription medication while 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.

Parent initial ___ 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 instruction.

Parent initial ___ Payment is expected on the Friday before a camp week starts. If the member is registered for a week but does not attend, you will be held responsible for the full fee of the week AND will not be able to apply to future programs at PCC until the balance is paid.

Parent initial ___ All forms of payment are accepted. An additional \$40 fee will be assessed for bounced checks.

Parent initial ___ Camps are open 7am to 5:30pm. Late pickups will be charged \$1 per minute. Late fees will be required upon pickup.

Parent initial ___ 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 PCC 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.