

Pines Community Center

Pre-Kindergarten

Summer Camp Registration



Registration **MUST** be accompanied by a copy of your child's current Physician's Health Form with immunization dates.

Participant Name _____ D.O.B. _____ Gender _____ Grade Entering _____

Shirt Size _____ Participant's Town of Residence _____ Responsible for payment _____

Participant resides with: Both Parents _____ Mother _____ Father _____ Other (please specify) _____

Mother Information Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail address _____

Father Information Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail address _____

Emergency Contact _____ Relation _____ Phone # _____

Please check all programs that apply

Pre-K & K Camp	Resident	Non-Res.
____ Week #1 July 7-11	\$60.00	\$70.00
____ Week #2 July 14-18	\$60.00	\$70.00

Total Due _____ Deposit _____ Payment Plan **yes no** circle one

Last day to register: June 26, 2015

ALL summer fees must be paid in full by June 26, 2015 to participate. Any previous balances must be paid up in full to register for 2015 Summer Programs. A \$50 late fee will be charged for registrations after the deadline of June 26th and children will be put on a Waiting List. A \$20 fee will be charged for all returned checks.

Parent/Guardian Statement of Agreement

I give permission for my child to participate in all activities of the program/s listed above, and I assume all risks and hazards incidental to such participation. And I do hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council (T.N.R.C.), its officers, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the above activity. **Init.** _____

Medical Release Agreement

In the event of an emergency, when none of the parents, guardians, or emergency contacts listed above can be reached, I hereby give permission to the employees of the Tilton-Northfield Recreation Council (Pines Community Center) to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for the safety of the participant. **Init.** _____

Payment/Refund Clause

I understand that a **\$60.00 non-refundable deposit** is required in order to register each child for this program. I understand that **all fees must be paid in full by June 26th** in order for my child to participate in the program, and no refunds will be given after July 6, 2015. I further understand that no part of the camp fees will be refunded in the event of dismissal from the program for misconduct. **Init.** _____

Photo Release Agreement

I hereby give permission for my child's photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity pieces in various media including, but not limited to newspapers, magazines, television and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used. **Init.** _____

By Signing below I confirm that I have read and understand all of the information in this document and I accept the Parent/Guardian Statement of Agreement, the Medical Release Agreement, the Payment, Refund Clause, and the Photo Release Agreement. **Init.** _____

Signature _____ Date _____

Arrival and Departure Information

Child/ren must be checked in & out by parent/guardian at beginning & end of day

Please list any special concerns or considerations that involve the arrival and departure of the participant. For example: can not be picked up by ..., must call before they leave, never allowed to walk; etc.

Please list all people who might be picking up the participant.

_____ **WE ID:** We will

I.D. anyone who we do not know or recognize.

Late Pick-Up Policy:

If your child is picked up after dismissal time for the normal camp day (8:00am-1:00pm), you will be charged \$1.00 for each minute after their dismissal time.

Medical Information (required)

Date of Last Tetanus Shot _____

Primary Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Health Insurance Company Name _____ Policy Number _____

Allergies: Does the participant have any allergic reactions (e.g., to bees, drugs, food, etc.)? _____

Chronic Illnesses: Does the participant have any chronic illnesses (e.g., diabetes, epilepsy, asthma, fainting, heart trouble, etc.)? _____

Physical Conditions: Does the participant have any physical conditions (e.g., vision, hearing, breathing, heart, cerebral palsy, etc.) that may limit their participation? _____

Medications: Does the participant take any medications **either here or at home** (e.g., Tylenol, Ritalin, inhaler, bee sting kit, etc.)? If yes, please list below. Under no circumstances are any children allowed to have any type of medication with them at any of our programs. **If medication needs to be administered during the day please fill out a medication policy form.**

Does the participant have any family issues or physical, medical, or emotional conditions not listed above that would prohibit, limit, or effect their participation in any camp activities, or effect their interaction with staff and other campers (e.g. custody issues, family member health, ADD or ADHD, depression, toileting problems, anger management, PTSD, etc...)?

Please Circle the appropriate answer: **NO** **YES** **If yes, please explain:** _____

CHILDREN MUST BE TOILET-TRAINED TO PARTICIPATE IN THIS PROGRAM

Medication Policy Consent Form

Any child, who is required to take prescription medication during their day at the Pines Community Center, shall be assisted by a designee of the Executive Director. The child will only take the medication in the presence of the designated person.

The Pines Community Center requires that the medication be brought in its original container with the prescription label intact including the physician's name, date, dosage and any possible side effects or complications. If a child is found administering his/her medication without the designated person, the medication will be confiscated and the parents will be contacted immediately.

Participant Name _____ **D.O.B.** _____

Medication _____ **Physician** _____

Dosage _____ **Time(s) of day** _____

Parent or Guardian Name Printed _____

Parent or Guardian Signature _____ **Date** _____

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