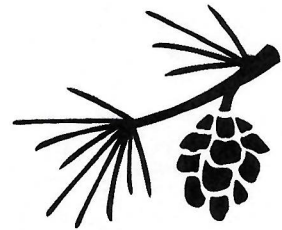


Pines Community Center

Tilton-Northfield Recreation Council

P.O. Box 262 Tilton, NH 03276

Phone (603) 286-8653 Fax (603) 556-7360



Dear Parents,

The Pines Community Center's Before School, After School, Vacation Camps, and Summer Playground Programs are licensed by the State of New Hampshire Health & Human Services, Child Care Licensing Unit. When registering your child you will be required to fill out a onetime registration packet that will include but not be limited to: a registration form, health record requirements (most recent physical and immunizations), pick-up and drop-off information, etc. All of this information **MUST** be provided **before** your child starts any of our licensed child care programs. Parents/guardians are required to come into the building to sign their child(ren) in to the Before Care Program (BCB) and out of the After School Program (ACB). Parents/guardians will also be required to come in to the building to sign their child(ren) in and out of our Vacation Camp Program and Summer Playground Program. The sign-in and out sheet will be on a clipboard, located at the front desk or with the staff (if the program is operating outside).

If there are any changes to contact information, drop-off/pick-up information or any other information, it is imperative that you ask to make the corrections and/or changes to your child's registration forms. We must make sure that we have the most up-to-date information on file for your child, in order to ensure the safety of your child. All files must be reviewed and initialed annually.

We would like to thank you for your understanding and cooperation. If you have any questions please do not hesitate to ask.

Thank You,

Samantha Magoon
Recreation Director

Required: All children **MUST** have State Licensing registration forms completed and turned in by their start date. There are **ABSOLUTELY NO EXCEPTIONS** to this. This includes: Up-To-Date registration forms, current physical and immunization records, and Code of Conduct. **Your child will not be permitted to attend any of our programs until all paperwork is current. DO NOT LEAVE SECTIONS BLANK.**

Requirements for your child to attend the program are:

1. Completed registration packet
2. Copy of Current Physical & Immunization Record
3. Code of Conduct signed by a parent/guardian
4. Any other pertinent information (court orders, IEP's, 504 Plans, etc.)

Hours:

- BCB – 7 a.m. – 8:40 a.m.
- ACB – 3:20 p.m. – 5:30 p.m.
- Vacation Camp – 7:00 a.m. – 5:30 p.m.
- Summer – Before Care: 7:00 a.m. – 8:30 a.m.
- Summer – Basic Day: 8:30 a.m. – 3:30 p.m.
- Summer – After Care: 3:30 p.m. – 5:30 p.m.

*Parents must sign children in and out of the program.

*If school has a delayed opening we are still open at 7:00 a.m. for BCB, the bus will pick the children up at 10:30 a.m. instead of the normal time.

*If there is an early release we will still have our ACB Program, the bus will drop the children off at 1:00 p.m. instead of the normal time.

*During ACB, Vacation Camps, and the Summer Playground Program we do 'Snack Shack' which is an optional extra. If you choose to let your child have a Snack Shack account, you will give money to the person at the front desk and let them know what child it is for and that it is for Snack Shack. During the scheduled Snack Shack time children can purchase drinks and snacks from the Pines. (Examples of items available: Water, Gatorade, Sunny D, Juice, Chips, Goldfish, Cheez-Its, etc.)

- You must let the Pines Community Center know if your child will be absent from the ACB Program by phone at 286-8653, via note, or via email (pinesofficemanager@gmail.com).
- You must also call the Pines with any changes. (We cross check with the Southwick School and Union Sanborn Offices, so your child is always safe)

Payment:

BCB (Before Class Bunch) - \$115/month (Base Rate) \$15/day Per Diem (2 Days a week or Less)

ACB (After Class Blast) - \$145/month (Base Rate) \$18/day Per Diem (2 Days a week or Less)

Payments are due the first Friday of every month.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION <u>Pines Community Center</u>	<u>6776</u> LICENSE NUMBER
NAME OF CHILD CARE PROGRAM	

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number:	Phone number:
Hours:	Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
 (Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: 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 maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. Please indicate whether licensing staff may speak with your child while they are with their class or group:

- ☐ I give permission for child care licensing staff to speak with my child while with their class or group.
- ☐ I do not give my permission for child care licensing staff to speak with my child while with their class or group.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

Licensed Child Care Program Registration

Pines Community Center

Program: **Before Class Bunch**____ **After Class Blast**____ **Before and After**____ **Vacation Camp**____ **Summer**____

Gender _____ Grade Entering _____ Email _____

Person responsible for payment _____

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

Physical Conditions: Does the participant have any physical difficulties (e.g., eyes, ears, nose, throat, lungs, cerebral palsy, etc.) that may limit their participation? _____

Medications: Does the participant take any medications either here or at home (e.g., Tylenol, Ritalin, Zyrtec, inhaler, bee sting kit, etc.)? If yes, please list below. Under no circumstances are children allowed to carry any type of medication with them, it must be kept in the main office and administered by a qualified staff member. **If medication needs to be administered during the program please fill out a medication policy form.**

Does the participant have any family issues or physical, medical, psychological, or emotional conditions not listed above that would affect their participation in any activities, or effect their interaction with staff and other children (e.g. custody issues, family member health, ADD or ADHD, depression, toileting problems, anger management, PTSD, etc...)? It is important for your child that we know as much as possible about him/her.

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

Arrival Policy

Parents **must** come inside with their child to sign them in. Children **may not** be dropped off for the Before School, Vacation Camp, or Summer Playground programs until 7:00am. The building will not be opened before that time for children who are dropped off even a few minutes early.

Departure Policy

Parents **must** come inside to sign their child out. Please list any special concerns or considerations that involve the departure of the participant. For example: cannot be picked up by ..., must call before they leave, never allowed to walk; etc.

WE ID: We will I.D. anyone whom we do not know or recognize.

Late Pick-Up Policy: If your child is picked up after 5:30pm, the ending time of the after school and vacation camp programs, you will be charged \$1.00 for each minute after the dismissal time.

Program Refund Clauses

ACB/BCB Payment/Refund Clause

By signing this form I fully understand that a non-refundable payment covering the first month of BCB or ACB is required in order to register each participant for this/these program/s. I understand that payments for the remaining months of the year are due no later than the first Friday of each month, and that it is my responsibility to remember the payment due dates, and get my payments in on time. I understand that my child may be dismissed from the program in the event of non-payment. I understand that no part of the monthly fee will be refunded in the event of early dismissal for misconduct. I acknowledge that a \$20 fee will be charged for a returned check. **Init.** _____

Vacation Camp Payment/Refund Clause

By signing this form I fully understand that payment for Vacation Camp is due at registration and that participation is not guaranteed without payment. I understand that the Pines hires staff for vacation days based on the number of children registered for the program, therefore there are no refunds for days my child misses. I understand that no part of the fee will be refunded in the event of early dismissal for misconduct. I acknowledge that a \$20 fee will be charged for a returned check. **Init.** _____

Summer Playground Program Payment/Refund Clause

By signing this form I fully understand that all Summer Playground Program fees must be paid in full by the date specified by the Pines Community Center in order for my child to participate in the program. I understand that if I register after the deadline specified by the Pines Community Center that I will be charged a late registration fee of \$50 per child. I understand that no refunds will be given after the specified date provided by the Pines Community Center. I further understand that no part of the camp fees will be refunded in the event of dismissal from the program for behavioral reasons.

Init. _____

Medical/Photo Release Agreement & Medical Information

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

I hereby give permission for the Pines Community Center staff, trained in First Aid & CPR, to provide First Aid to my child as needed. In the event of an emergency, 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.** _____

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.** _____

I hereby give permission for Pines Community Center Staff members to apply on my child, or to assist my child in applying:

Sunscreen _____ Insect Repellent _____

If there are court orders concerning your child regarding issues such as custody, no contact orders, picking up, financial responsibility, or other matters of concern to the Pines, copies of those orders MUST be provided.

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.

Parent/Guardian Signature _____

Date _____

Pines Community Center

Summer Day Camp Program

Code of Conduct and Discipline Policy Form

Thank you for enrolling your child in the Pines Community Center's Summer Playground Program. It is our intention to provide a safe and secure environment for your child. We strive to create a comfortable and fun atmosphere that will make your child look forward to coming to camp each day. In order to ensure that we provide a quality program and a safe environment for all participants, each participant must follow program rules.

Campers are encouraged to practice those social skills that will allow them to resolve conflicts and meet their needs without the use of harmful or destructive behaviors. When a disciplinary situation occurs that requires some type of intervention, a camp counselor or director will provide the child with a clear explanation as to why the specific behavior is inappropriate. The camp counselor or director will then suggest an alternative behavior that fits within the camp guidelines of appropriate behavior. These guidelines revolve around concerns for the safety of all camp participants and staff.

Every Parent/Guardian is required to read the following information to his/her camper and sign and return the Code of Conduct and Discipline Policy Form to the Pines Community Center on their child's first day of participation in the Playground Program.

General Playground Program Rules

1. Follow instructions of staff to ensure safety.
2. Show respect to all participants, staff, equipment, and property. Teasing, insulting, and bullying will NOT be tolerated.
3. Keep your hands, feet, head, and other body parts to yourself. Fighting, hitting, theft, destruction of camp property, etc. WILL NOT BE TOLERATED.
4. Appropriate language and dress are expected at all times.
5. Cooperation and participant involvement both in group activities and with other participants is required.
6. Must request permission from staff to leave group or activity for any reason.

Staff Discipline Policy Steps

Serious Offenses: Includes, but not limited to the following: Endangering one's self and /or any other person's well-being, verbal abuse, harassment of any kind, sexual talk or behavior, swearing, fighting, threats of violence to other children and/or staff, stealing, and destruction of property.

Consequences:

- 1st offense** - verbal and written notice to parents/guardians.
- 2nd offense** - removal from activity and notification for parent to come pick up child.
- 3rd offense** - three (3) day suspension from the program.
- 4th offense** - expulsion from the program.

Minor Offenses:

Includes, but not limited to the following: Basic rules of courtesy, back talking, pushing, not following directions, and leaving the activity without permission, any other negative and/or inappropriate behavior or attitude that may occur during the course of the day.

Consequences:

- 1st offense - verbal warning.
- 2nd offense - written warning.
- 3rd offense - removal from activity or site.
- 4th offense - 1-day suspension from the program.
- 5th offense - three (3) day suspension from the program.
- 6th offense - expulsion from the program for the remainder of the summer.

Physical violence will not be tolerated in this program. The Pines Community Center reserves the right to dismiss a participant whose behavior endangers the safety of themselves or others.

Code of Conduct – Parent

As the Playground Program staff seeks to treat all campers and their families with respect, parents and guardians are also expected to treat staff with respect. All program/staff issues, comments or concerns should be directed to the Camp Director or Recreation Director, not the camp counselors. If the parent is not satisfied with the response of the Camp Director and/or Recreation Director, he/she may request an appointment with the Executive Director.

*I have discussed the rules and consequences of the **Pines Community Center's Playground Program Code of Conduct and Discipline Policy** with my child and they understand what is expected of them at camp.*

Camper's Name (Print)

Camper's Signature

Parent/Guardian Signature

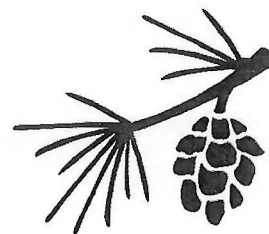
Date

Pines Community Center

Tilton-Northfield Recreation Council

P.O. Box 262 Tilton, NH 03276

Phone (603) 286-8653 Fax (603) 556-7360



2021-2022

Childs name: _____

How would you like to receive your bill?

The Pines offers the option of having your bill emailed to you or printed and handed to you. Please check the box that indicates how you want to receive your bill:

- ☐ - Printed and handed to you
- ☐ - Emailed (if you choose this option please write the email you want your bill sent to below...)

Email: _____

You can pay your bill online!

There is also the option to pay your bill online using a debit/credit card. Simply go to www.pinescommunitycenter.com and click the online registration button on the home page. If you have never logged into your account simply click 'forgot password', then enter the email you provided the Pines when you registered your child, Sportsman will send a temporary password to your email and from there you can sign into your account, click on 'account' and then click on 'registered activities' from there you can choose the items you want to pay for. What an easier way to pay, right?