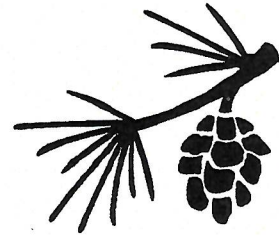


Pines Community Center

Tilton-Northfield Recreation Council
P.O. Box 262 Tilton, NH 03276
Phone (603) 286-8653 Fax (603) 556-7360




Dear Parents/Guardians,

The Pines Community Center childcare programs are licensed by the state of New Hampshire Health and Human Services, Childcare Licensing Unit. If you are reading this letter, that means you are in the process of registering your child for our 2024 Summer Playground Program. This year we are asking that all paperwork be completed and returned with your non-refundable \$50 dollar deposit to hold your child's spot. This includes: The 2024 Summer Registration Form, Childcare Registration/Emergency Info., Licensed Childcare Form, and Code of Conduct Form. You will also be required to provide a copy of your child's physical and immunization report for our records. They are due no later than June 14th at 5:30pm. Failure to provide these documents may result in a later start date for your child. Please be aware we cannot accept pictures/photos of any documents under any circumstances, they need to be properly scanned. Thank you for your understanding and cooperation. If you have any questions, please do not hesitate to ask.

You can return completed paperwork to our office, via mail:
P.O. Box 262 Tilton, NH 03276, or emailed: pinesccofficemanager@gmail.com.

Thank you,


Recreation Director
Samantha Magoon

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Pines Community Center

6776

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

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: Hours:	Phone number: 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:

Pines Community Center

Licensed Child Care Program Registration

Programs: Before Class Bunch After Class Blast Before and After Vacation Camp Summer

Email: _____ **Person responsible for payment:** _____

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

Medications: Does the participant take any medications? 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 program hours a parent/guardian is required to fill out a Medication Policy Form before anything can be administered.

Conditions: Does the participant have any physical, medical, psychological, or emotional conditions that would affect their participation in any activities, or effect their interaction with staff and other children? It is important for your child that we know as much as possible about him/her.

If yes, please Explain:

Arrival Policy

Parents are required to come inside to sign their child in. Children may not be dropped off for our Before School, Vacation Camp, or Summer Playground programs before 7:00am. The building will not be opened before that time for children who are dropped off even a few minutes early. We will I.D. anyone whom we do not know or recognize.

Departure Policy

Parents are required to come inside to sign their child out. Children are required be picked up by 5:30pm. 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. Late Pick-Up: If your child is picked up after 5:30pm, you will be charged \$1.00 for each minute after the dismissal time.

Program Refund Policies

Tuition is due prior to the start of any of our childcare programs. By signing this form, I fully understand any tuition paid for Pines Community Center programming is **non-refundable**. In the case that a refund is requested, the request will be reviewed by our directors and decisions will be made on a case-by-case basis. The Pines Community Center reserves the right to pause care until all tuition and any applicable late charges are paid. I acknowledge that a \$20 fee will be charged for a returned check.

ACB/BCB Payment

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. 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.

Vacation Camp Payment

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.

Summer Playground Program Payment

By signing this form, I fully understand that all Summer Playground Program fees must be paid in full by Friday, June 14th, 2024, for my child to participate in the Summer Playground Program. I understand that if I register after the deadline of June 14th, 2024, I will be charged a late registration fee of \$50 per child.

Parent/Guardian Signature _____ **Date** _____

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. I 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.

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.

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.

Circle one: YES NO Call First

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

Circle one: 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 are required to be provided immediately and put on your child's file.**

By signing below, I confirm that I have read and understand all of the information in this document, as well as accept the Program Refund Policies, Parent/Guardian Statement of Agreement, the Medical Release Agreement, 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 instruction 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.

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.*

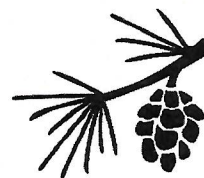
Camper's Name (Print)

Camper's Signature

Parent/Guardian Signature

Date

2024 Pines Community Center Summer Registration Form



ALL BACK BALANCES MUST BE PAID IN FULL TO REGISTER FOR SUMMER!

Participant's Name: _____ **Grade 23'-24' :** _____

Email: _____ **Town:** _____

Shirt Size: _____ (Y S-XL, A S-XL)

<u>Week #1: June 24-28</u>	Base Price	T-N Resident Price
____ Week #1 Basic Day 8:30am-3:30pm	\$110.00	\$100.00
____ Week #1 with Before Care 7:00am-3:30pm	\$120.00	\$110.00
____ Week #1 with After Care 8:30am-5:30pm	\$120.00	\$110.00
____ Week #1 with Before & After Care 7:00am-5:30pm	\$130.00	\$120.00
<u>Week #2: July 1-5 (Closed July 4th & 5th)</u>	Base Price	T-N Resident Price
____ Week #2 Basic Day 8:30am-3:30pm	\$90.00	\$80.00
____ Week #2 with Before Care 7:00am-3:30pm	\$100.00	\$90.00
____ Week #2 with After Care 8:30am-5:30pm	\$100.00	\$90.00
____ Week #2 with Before & After Care 7:00am-5:30pm	\$110.00	\$100.00
<u>Week #3: July 8-12</u>	Base Price	T-N Resident Price
____ Week #3 Basic Day 8:30am-3:30pm	\$110.00	\$100.00
____ Week #3 with Before Care 7:00am-3:30pm	\$120.00	\$110.00
____ Week #3 with After Care 8:30am-5:30pm	\$120.00	\$110.00
____ Week #3 with Before & After Care 7:00am-5:30pm	\$130.00	\$120.00
<u>Week #4: July 15-19</u>	Base Price	T-N Resident Price
____ Week #4 Basic Day 8:30am-3:30pm	\$110.00	\$100.00
____ Week #4 with Before Care 7:00am-3:30pm	\$120.00	\$110.00
____ Week #4 with After Care 8:30am-5:30pm	\$120.00	\$110.00
____ Week #4 with Before & After Care 7:00am-5:30pm	\$130.00	\$120.00
<u>Week #5: July 22-26</u>	Base Price	T-N Resident Price
____ Week #5 Basic Day 8:30am-3:30pm	\$110.00	\$100.00
____ Week #5 with Before Care 7:00am-3:30pm	\$120.00	\$110.00
____ Week #5 with After Care 8:30am-5:30pm	\$120.00	\$110.00
____ Week #5 with Before & After Care 7:00am-5:30pm	\$130.00	\$120.00

Week #6: July 29-August 2	Base Price	T-N Resident Price
____ Week #6 Basic Day 8:30am-3:30pm	\$110.00	\$100.00
____ Week #6 with Before Care 7:00am-3:30pm	\$120.00	\$110.00
____ Week #6 with After Care 8:30am-5:30pm	\$120.00	\$110.00
____ Week #6 with Before & After Care 7:00am-5:30pm	\$130.00	\$120.00

Week #7: August 5-9	Base Price	T-N Resident Price
____ Week #7 Basic Day 8:30am-3:30pm	\$126.00	\$116.00
____ Week #7 with Before Care 7:00am-3:30pm	\$136.00	\$126.00
____ Week #7 with After Care 8:30am-5:30pm	\$136.00	\$126.00
____ Week #7 with Before & After Care 7:00am-5:30pm	\$146.00	\$136.00

Week #8: August 12-16	Base Price	T-N Resident Price
____ Week #8 Basic Day 8:30am-3:30pm	\$110.00	\$100.00
____ Week #8 with Before Care 7:00am-3:30pm	\$120.00	\$110.00
____ Week #8 with After Care 8:30am-5:30pm	\$120.00	\$110.00
____ Week #8 with Before & After Care 7:00am-5:30pm	\$130.00	\$120.00

Total: _____ **Early Reg. Discount:** _____ **Final Total:** _____

Please circle one: **Single Payment** **Multiple Payments**

Deposit: _____ **Cash/Check #:** _____ **Date:** _____

Balance _____ **Paid in full date:** _____

Applying for Financial Assistance (PCC) _____ **Applying for State Scholarship** _____

Financial Assistance applications will be available at the Pines on January 8th , and must be completed and returned to the Pines by May 3rd to be considered. We will award financial assistance on Friday, May 24th.

Registrations paid in full by Friday, March 8th, 2024 will receive a 20% discount off the total cost.

Registrations paid in full by Friday, May 10th, 2024 will receive a 10% discount off the total cost.

Registrations and payments are due in full by Friday, June 14th, 2024 at 5:30pm

Late Registration Fee: \$50.00 Paid: _____ **(office use only)**

I understand that a \$50.00 non-refundable payment is required to hold my child’s spot for this program. I understand that all fees must be paid in full by June 14th, 2024 for my child to participate in the program, and that no refunds will be given after June 28th, 2024. I understand that a late registration fee of \$50.00 per child will be charged for registrations received after Friday, June 14th, 2024 at 5:30pm. I further understand that no part of camp fees will be refunded in the event of dismissal from the program for behavioral reasons.

Parent/Guardian Signature _____ **Date** _____