



OLD PINE
COMMUNITY CENTER

Bridge Care 2018

2018 Registration Packet

Weekly Rate: \$225

Extended Day: \$30.00 (weekly) \$8.00 (daily)

Please only select the weeks your child will be in attendance; the Old Pine Community will hold a spot for your child and payment will be required.

Please check the appropriate week of attendance for your child.

| | | |
|---------------|---------------|---|
| _____ 6/13/18 | _____ 6/25/18 | |
| _____ 6/14/18 | _____ 6/26/18 | |
| _____ 6/15/18 | _____ 6/27/18 | _____ Yes, we will need the extended day program |
| _____ 6/18/18 | _____ 6/28/18 | _____ No, we will not need the extended day program |
| _____ 6/19/18 | _____ 6/29/18 | |
| _____ 6/20/18 | | |
| _____ 6/21/18 | | |
| _____ 6/22/18 | | |

Contact Information

My child is: Girl _____ Boy _____ **My child's age is : _____**

Child's name _____

Phone _____

Address _____

City _____ **State** _____ **Zip** _____

Birth Date _____ **Age** _____

School _____ **Grade (Sept 2018)** _____

Mother/Guardian _____

Home Phone _____ **Cell** _____

Address _____

City _____ **State** _____ **Zip** _____

Employer _____ **Work #** _____

Email _____

Father/Guardian _____

Home Phone _____ **Cell** _____

Address _____

City _____ **State** _____ **Zip** _____

Employer _____ **Work #** _____

Email _____

***Please indicate who to call first in the event of an emergency**

***If neither mother nor father can be contacted, call:**

Name _____

Relationship _____

Home phone _____

Cell phone _____

Name _____

Relationship _____

Home phone _____

Cell Phone _____

***If you cannot pick up your child, please give the names and relationships of persons to whom the child can be released:**

Please list people whom the child *cannot* be released to:

**Information about your child
(to help meet your child's needs, please check all that apply)**

____ Allergies (TYPE) _____

____ ADD ____ ADHD

Emotionally, behaviorally, intellectually, or physically challenged (Please give details)

Use of medication (type & schedule)

Other special needs

Emergency Care Information

Child's Doctor _____

Doctor's Phone _____

Child's Dentist _____

Dentist's Phone _____

Hospital preference _____

Hospital's Phone _____

Insurance Company _____

Insurance Policy # _____

Disclaimer

In the event that my child should have a sudden illness or accident at the OLD PINE COMMUNITY CENTER Bridge Care program, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the staff member in charge views the situation as critical, I request that 911 is contacted and/or one of the above physicians be called. I authorize the OLD PINE COMMUNITY CENTER staff to request assistance from the paramedics or emergency room staff. It is understood that every effort will be made to contact the undersigned before treatment is given but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

Parent/Guardian _____

Date _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child/children. Please read the following information. Please keep and refer to your copy of the OLD PINE COMMUNITY CENTER'S parent policies and procedures. Your signature indicates that you have received and are responsible for the information provided therein.

I understand that I must sign-in my child/children into the program upon arrival. I must also sign-out my child/children upon departure from the program.

I understand that I am not to leave my child/children at the site unless a camp counselor is there to receive and supervise my child and then only after my child is signed into the program.

I understand my child/children will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child/children must either be listed or other arrangements must be made by calling the OLD PINE COMMUNITY CENTER to inform them of the change.

I understand that should a person arrive to pick up my child/children, who appear to be under the influence of drugs or alcohol, for the child's safety, staff will NOT release the child and may have no recourse but to contact the police. Please do not put the staff in a position where they have to make this judgment call.

I understand that the OLD PINE COMMUNITY CENTER is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that the fee agreement filed at the time of registration outlines my understanding of the payment procedure and program costs. There will be no credits given for days that my child/children cannot attend camp.

I understand that payment is due by 6:00 PM the Friday before the week my child/children attend the program. Any money received after this time is subject to a \$10 late fee. Furthermore, I understand that my child cannot attend the program until payment is made.

I understand if I pick my child/children up after 3:30PM (6PM for extended day children), I will be charged \$5 per each 5 minutes late. If I am late 3 times, my child/children are subjected to a suspension from the program.

I understand that OLD PINE COMMUNITY CENTER will provide lunch for my child/children but my child/children may also bring a bagged lunch with his/her name on it (**nothing microwaveable**).

For safety reasons my child/children must also wear sneakers to the program.

I understand that the OLD PINE COMMUNITY CENTER is not responsible for lost or damaged items. Children should not bring the following to the program: radios, iPods or MP3 players, PSP, toys, or any other valuable items. Cell phones should not be brought to the program. If a child is caught using their cell phones, they will be asked to take them to the front desk until the end of the day.

I understand that all children and counselors will participate in all field trips and activities at OLD PINE COMMUNITY CENTER during the program.

I understand that all registration forms must be complete prior to my child/children attending the program. No Exceptions will be made.

Field Trips:

I understand that my signature on this form permits my child to leave the OLD PINE COMMUNITY CENTER on authorized trips (by van, bus OR Public Transportation) and walks under the supervision of the OLD PINE COMMUNITY CENTER staff.

Please cut at line and return this upon registration.

I have read and understand the Dates, Rates and Parent Statement of Understanding and I am in agreement.

Child's name _____

I have received, read, and understand the statements above._____

Parent signature and date

2018 Bridge Care Handbook

Welcome to the OLD PINE COMMUNITY CENTER'S Summer in the City Program! This handbook is a guide for you as the parent. It outlines our program and some of our policies.

Admission Policy

All information and permission forms must be completed and returned to the OLD PINE COMMUNITY CENTER before a child can attend the program. Your child's emergency medical form, telephone numbers, and contact and designated pick-up persons are to be kept current.

Payment Policy

Payment is expected by Friday at 6 PM prior to the week attending the program. Any payments received after Friday at 6:00PM, are subject to a \$10 late fee. **No refunds will be given if your child is unable to attend the week that was paid for.**

Arrival & Departure Times

Our Bridge Care program starts at 8:00 AM, on the dates outlined on the registration packet, at the OLD PINE COMMUNITY CENTER. Please do not bring your child earlier than the time stated. Staff is not responsible for children arriving before the time stated. Bridge Care closes at 3:30 PM (6PM for extended day children). Please plan to have your child picked up no later than the time stated. Failure to pick up by their designated time, a late fee of \$5 per every 5 minutes late will be assessed. Our late fee goes into effect one minute after the stated pick up time.

It is imperative that the child be escorted into the site by a parent or guardian. A parent or guardian must sign the child into the program on the sign-in sheet upon arrival. When being picked up, the child must be signed out. The staff must be informed if someone else is picking up your child. We will not release a child unless we have proper authorization from a parent or guardian.

ILL Children

If your child becomes ill while at the program, we will contact you or your emergency contact person so that the child can be picked up.

Medication

Old Pine Community Center staff will administer prescription medication to the child provided the prescription is current and has the child and physician's name on the label. Permission slips must be signed for administering medication (available at the front desk) Non-prescription drugs, including cough medicine, cough drops, Tylenol, etc. will only be administered if we have written permission from a parent/guardian.

Return Check Policy

Return checks due to insufficient funds are subject to a \$30.00 return check fee. This fee must be paid upon notification of the returned check. Failure to pay will result in suspension from OLD PINE COMMUNITY CENTER programs.

Discipline Policy

It is our policy that discipline is used only to redirect improper behavior and to help the children assume responsibility for their actions. We will work with the children by listening to them and help resolve the problem through child-staff communication. If a problem persists:

1. "Time-out procedure." A child will not be allowed to participate in any activities for an appropriate period of time.
2. If there is still a problem, parents will be notified to assist in solving the problem.
3. If the behavior problems are serious, parents may be asked to keep the child out of the program for a minimum of 1 day.
4. If the child's constant conflicts are interfering with the quality of supervision for the other children, parents will be notified and expected to withdraw the child from the program.

Note: After three written warnings, the child will be suspended from the program. Serious problems may result in an immediate suspension or expulsion.

SWIM/WATER ACTIVITY RELEASE FORM

All children must have a completed swim waiver form to participate in any swimming and water activities. Please fill out and sign this form if you would like your child to participate in summer swimming and other summer water activities.

Be sure to read the medical release and liability waiver.

Please print:

CHILD'S NAME: _____

AGE: _____ **BIRTHDATE:** _____ **HOME PHONE #:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

WORK PHONE #: _____ **HOME PHONE:** _____

EMERGENCY CONTACT OTHER THAN PARENT: _____

PHONE: _____ **RELATIONSHIP:** _____

MEDICATIONS: _____ **ALLERGIES:** _____

FAMILY DOCTOR'S NAME: _____ **PHONE #:** _____

MEDICAL RELEASE

I give consent to any X-Ray examination, anesthetic, medical or surgical diagnosis tendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that this authorization is given in advance of diagnosis, treatments, or hospital care being required but is given to provide the aforementioned medical/dental personnel authority to render care as they deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached.

LIABILITY WAIVER

I voluntarily agree to have my child swim at Murphy's Recreation Swimming Pool. I realize that every precaution is taken to eliminate any injury to my child, I hereby waive, release and hold harmless Old Pine Community Center and all of the Old Pine Community Center affiliates from any liability for damages or claims for personal property damage which may arise in connection with swimming/diving or any other water play/activity.

I give permission to my child to swim at Murphy Recreation Center Pool and participate in any and all other water play activities without my presence.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

DATE: _____

WAIVER & PHOTO RELEASE OF LIABILITY

I, for myself and on behalf of my heirs, assignee, personal representatives and next of kin, hereby grant *the Old Pine Community Center*, its assignees, licensees, and legal representatives the irrevocable right to reproduce, use exhibit, display broadcast, distribute and create derivative works of the photographed images of myself and/or my child/children or child/children in my care for use in connection with the activities of the Old Pine Community Center or for promoting, publicizing, the Center and/or its activities or for any other legal purpose. This release includes, but is not limited to, the right to publish such images in public relations/promotional activities, such as marketing admissions publications, advertisements, fundraising materials, and any other publications.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I further grant the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me, or my child/children or child/children in my care or in which I or my child/children or child/children in my care may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

These images may appear in any of the wide variety of formats and media now available to the Center and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic online media.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature _____

Print Name _____

Date _____

FOR PARENTS/GUARDIANS OF MINOR PARTICIPANTS

This is to certify that I, as parent/guardian with legal responsibility for this participant(s), do consent and agree to his/her release, as provided above, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Old Pine Community Center from any and all liabilities incident to my minor child's (ren's) involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____