



Summer in the City 2021

Weekly Rate: \$225

Extended Day: \$30.00 (Weekly) \$8.00 (Daily)

Select the weeks your child/children will be in attendance; OPCC will hold your spot and payment will be required.

June 14th - June 18th

June 21th - June 25th

June 28th - July 2nd

July 6th - July 9th ***Closed July 5th**

July 12th - July 16th

July 19th - July 23th

July 26th - July 30th

August 2nd - August 6th

August 9th - August 13th

August 16th - August 20th

Yes, we will need the extended day program

No, we will not need the extended day program



Contact Information

Please fill out one packet per child attending Summer in the city

Child's Name _____ **Age** _____ **Gender** _____

Main Phone Number _____

Address _____

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

Birthday _____

School _____ **Grade (September 2021)** _____

Parent/Guardian Name _____ **Relationship to child** _____

Cell Number _____ **Home Number** _____

Address _____

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

Employer _____ **Work Number** _____

Email _____

Parent/Guardian Name _____ **Relationship to child** _____

Cell Number _____ **Home Number** _____

Address _____

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

Employer _____ **Work Number** _____

Email _____



Parent Statement of Understanding

The following information is important for the safety and protection of your child/children while at Old Pine Community Center (OPCC). Please read the following information and provide your signature indicating you have read, understood, and agree to be responsible for the information provided therein.

I understand that I (or a specified release person/s) must be present to sign my child/children into the camp program upon arrival and be present to sign them out on departure.

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

I understand my child/children will not be allowed to leave the camp program with an unauthorized person. Any person authorized to pick up my child/children must either be listed on the release form or other arrangements must be made by calling OPCC to inform us of the change.

I understand that the OPCC 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 camp 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 the first day of enrollment in the program. We will charge a \$10 late fee for every day the balance is passed due. We have the right to deny enrollment in the camp if the balance is outstanding.

I understand if I pick my child/children up after 3:30PM (6:00PM for extended day children), I will be charged \$5 per 5 minutes late. If I am late 3 times, my child/children will be removed from the camp program.

I understand that all registration forms must be completed prior to my child/children attending camp. No exceptions will be made.



I understand that OPCC 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, child/children must also wear sneakers to camp.

I understand that the OPCC is not responsible for lost or damaged items. Campers should not bring any electronic devices including cell phones, game systems, etc. as well as toys or other valuable items.

I understand that all campers and counselors will participate in all field trips and activities at OPCC during Summer in the City.

I understand that masks are required of all people inside the OPCC facility as the CDC recommends. If someone is looking unwell/sickly, OPCC is authorized to deny service and ask them to leave the facilities. If parents/guardians/children refuse to wear masks during the duration of their stay, OPCC staff is authorized to terminate the registration and ask for people to leave. The first infraction will result in a warning. If participants continue to disobey the mask rule after the first warning then OPCC is authorized to void the contract and a refund will not be given.

Field Trips

I understand that my signature on this form permits the camper to leave the OPCC on authorized trips (by van, bus or public transportation) and walks under the supervision of the OPCC camp staff.

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.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____



Swimwear/Activity Release Form

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

I voluntarily agree to have my child swim and participate in any and all other water play activities without my presence. I realize that every precaution is taken to eliminate any injury to my child/children, I hereby waive, release and hold harmless OPCC and all of the OPCC 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/activities.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____



Waiver & Photo Release of Liability

I, for myself and 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 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, means and impact of this release.

Signature: _____

Name: _____

Date: _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

_____ SIGNATURE-OPERATOR DATE _____ SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA Code Chapters 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

Only those people listed below will be permitted to pick up your child.

Child's Name		Birthdate
Address		School Site
Mother's Name/Legal Guardian		Home Phone
Home Address		
Business Name		Business Phone
Business Address		
Father's Name/Legal Guardian		Home Phone
Home Address		
Business Name		Business Phone
Business Address		
Emergency Contact Person(s) -- Name		Phone Number When Child is in Care
Person(s) To Whom Child May Be Released - Name and Address		Phone Number When Child is in Care
Name of Child's Physician/Medical Care Provider		Phone Number
Address		
Special Disabilities (if any)	Allergies (including medication reaction)	
Medical or Dietary Information Necessary in an Emergency Situation	Medication, Special Conditions	
Additional Information on Special Needs of Child		
Health Insurance Coverage or Medical Assistance Benefits for Child		Policy Number (Required)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
Obtaining Emergency Medical Care	Admin. of Minor First Aid Procedures	
Walks and Trips	Swimming	
Transportation by the Facility	Wading	

Periodic Review

Signature of Parent or Guardian *(required at registration)*

Date
