



**OLD PINE**  
COMMUNITY CENTER

## **Afterschool Program**

**August 31, 2021 - June 14, 2022 | 3:30 - 6:00pm weekdays**

Fixed Monthly Rate: **\$550**

Payment is due at the beginning of each month and can be made via check or credit card (online, in-person, or over the phone). Financial aid is available, please direct questions to **[contact@oldpinecommunitycenter.org](mailto:contact@oldpinecommunitycenter.org)**

Children will be picked up at **General George A. McCall, George W. Nebinger, and William M. Meredith** public schools by our counselors at 3:00pm and safely escorted to OPCC. Interested families enrolled in other schools may be dropped off by a guardian at OPCC by 3:30pm.

Students will have dedicated homework help, a healthy snack, and fun activities until their pick-up time which is no later than 6:00pm.



## 2021

- August 31st - September 30th       November 1st - November 30th  
 October 1st - October 29th       December 1st - December 23rd

## 2022

- January 4th - January 31st       April 1st - April 29th  
 February 1st - February 28th       May 2nd - May 31st  
 March 1st - March 31st       June 1st - June 14th

Please confirm which months your child will be enrolled, though registration is rolling and payment is not due until the start of each month. The monthly rate is fixed regardless of the total number of days attended or available each month. If the school district is closed on a date that OPCC is open, children may attend the Afterschool Program at its normal operating hours as long as they are dropped off by a guardian.

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Old Pine Community Center is closed during the following holidays:

### 2021

- September 6, Labor Day
- November 25 - 26, Thanksgiving Holiday

### 2022

- January 17, Dr. Martin Luther King Day
- February 21, Presidents' Day
- May 30, Memorial Day



## Contact Information

*Please fill out one packet per child attending OPCC's After School Program*

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Main Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Birthday** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**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 after-school program upon arrival if not attending the three agreed-upon schools and be present to sign them out on departure.

I understand that I am not to leave my child/children at OPCC unless a counselor is there to receive and supervise my child and 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 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 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.

I understand that payment is due by the first day of enrollment in the program, after a seven-day grace period a late fee may apply. We have the right to deny enrollment in the camp if the balance is outstanding.

I understand I am required to pick my child/children up at 6:00 PM at the latest. If the lateness is frequent, my child/children will be asked to leave the program.

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



# Parent Statement of Understanding

I understand that OPCC will provide a snack for my child/children but my child/children may also bring a bagged snack with his/her name on it (nothing microwaveable), this is recommended for those allergies.

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

I understand that masks are required of all childcare staff inside the OPCC facility to adhere to health and safety guidelines. 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/or ask for people to leave. If participants continue to disobey the mask rule then OPCC is authorized to void the contract and a refund will not be given.

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:** \_\_\_\_\_



# 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: \_\_\_\_\_

No, I do not  
want my child to  
be photographed

# 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

<b>PERIODIC REVIEW</b>	
_____	_____
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)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
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