

# Summer Camp (GTS/24)

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CHILDS FULL NAME: \_\_\_\_\_

Age: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL GRADE LEVEL: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

Who should receive text updates: (must be cell phone numbers able to receive text messages)

\_\_\_\_\_(relationship \_\_\_\_\_)  
\_\_\_\_\_(relationship \_\_\_\_\_)

Who should we email newsletters and other correspondence to?

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Who should we call if there is an emergency? (Please include parents/ guardians)**

First Person- Name (must be a parent or legal guardian): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Second Person- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Third Person- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please note any custody arrangement that might be pertinent to our care for your child.

What program while this child be participating in? (Please check one)

**LEWISBURG: (June 24-July 5)**

- 3<sup>rd</sup>-6<sup>th</sup> Grade (8 AM-Noon)
- 7<sup>th</sup> Grade-12<sup>th</sup> Grade (1 PM- 5 PM)

**General Health & Wellness information about the participant:**

- Are there any medications that your child takes that we need to know about? If so please use a separate sheet of paper to tell us about them.
- Does your child have any important medical conditions that we should know about? If so please use a separate sheet of paper to tell us about them.
- Is your child allergic to anything? If so please tell us what they are allergic to, what happens when they have a reaction, and how we can best treat. Also, is your child aware and prepared to deal with this/ these allergies?

- Does your child have any individual physical, emotional, psychological, behavioral, or social needs? We want to provide the best care for every child who participates so please tell us as much information, on a separate piece of paper, as you can. If it helps we will also schedule a meeting to talk about ways to make your child feel more comfortable in our environment. Children who require one on one attention, have special needs or require assistance in the bathroom are required to have a TSS worker or aid with them at all times while participating in our programs. Our staff members are not trained to provide a safe enriching environment for children with these needs.
- Has your child ever been violent? If so please use a separate sheet of paper to tell us more.

Please use an additional sheet of paper or attach any information that is pertinent to us providing a safe environment for your child, all of the children we serve, our staff members and volunteers.

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## Parent/ Guardian Expectations:

- Please pick your children up by the designated time each day, unless otherwise noted. Lateness will result in loss of privileges.
- Please prepare your children for the day's activities by reading distributed information and having things like sneakers, costume supplies, or whatever else is needed.
- Children must be fully potty-trained in order to participate.

## Payment Schedule:

The total cost of Camp is \$65 per child which is due at the time of registration, with this form.

**Scholarship information is available on the next page and should only be completed if you need assistance.**

**Forms of payment accepted:** We accept cash and check payments in person at the Donald Heiter Community Center Monday- Friday 6 AM-5:30 PM. Checks can be made out to "DHCC" or "Donald L Heiter Community Center." Or payments can be made through the DHCC PayPal account via our email address (donaldheiter@gmail.com). Please be advised that a \$35 fee will be charged for all returned checks. The Donald Heiter Community Center is our parent organization.

## Hours of Operation:

K-6<sup>th</sup> 8 AM Noon

7<sup>th</sup>-12<sup>th</sup> Grade- 1 PM- 5 PM

Office Hours

Academic Year: Monday- Friday 6 AM- 5:30 PM

Summer: Monday-Thursday 6 AM- Noon

**Parents/ Guardians are encourage and expected to follow the Children's rules while in the building.**

**Please remember that children are at play and we are all role models.**

## Illness

- We understand that from time to time children become ill and need to stay home. We ask that you contact our office at 1-833-487-5439, to inform us that your child will not be in attendance that day. If a staff member is not available to take your call directly, please leave a message with the name of the child and when you expect them to return. We also like to ensure that all of our families are notified if there is a public health risk. Please advise us as to the illness your child has. We will not share this information with other participants; we will simply inform families that we have been informed of a possible outbreak and that they should take certain precautions.
- If your child becomes ill, or arrives to a program ill, (vomiting, diarrhea, and fever of 100 or more) then we will contact a parent or guardian for immediate pick up. It's expected that you immediately respond and pick your children up should they become ill during the program.

## Daily schedule & meal service:

- Snack is provided daily. If your child has specific dietary needs or allergies please provide a snack for them.  
\*\*We are sorry but we are unable to heat, cook or prepare snacks that are brought from home. Refrigeration is not available.

Waiver of Liability:

- I understand that during attendance, Grand, Travelers, Scrim Youth Theatre and The Donald Heiter Community Center staff, volunteers, and affiliates will do everything they can to keep my child safe, however accidents do happen. In case of an accident or incident, I will not hold Grand, Travelers, Scrim Youth Theatre or The Donald Heiter Community Center, its staff, volunteers, or its affiliates responsible for any harm that might come to my child.
- I understand that the Grand, Travelers, Scrim Youth Theatre and Donald L. Heiter Community Center staff will use their best judgment in responding to any emergencies and I will not hold them responsible for their judgments. I understand that these responses might include calling for emergency medical services, emergency medical treatment, going to the emergency room or going to the doctor's office. I understand that I am responsible to pay for any expenses associated with these treatments. I give my permission for the Grand, Travelers, Scrim Youth Theatre and The Donald Heiter Community Center staff, volunteers, and affiliates to use whatever means necessary to treat my child in case of an emergency.
- I understand that the staff will often take pictures of my children for advertising and memory book making, and that it is my responsibility to inform a staff member if my child cannot be photographed or if my child's picture cannot be shared publically.
- I understand that I must adhere to all parent/ guardian rules of the organization. I am aware that failure to follow all rules can lead to termination of my child/ children's attendance privileges.
- I understand that the Grand, Travelers, Scrim Youth Theatre and Donald L. Heiter Community Center's primary responsibility is the safety of all participants, staff members and volunteers. I also understand that if at any time my child or children are found to have instigated or caused an unsafe (emotionally or physically) or inappropriate situation staff members or volunteers have the right to ask my child to immediately leave the premises or program for any length of time and can place restrictions on returning to programs such as the requirement of a TSS worker, medically trained assistant, psychological/ medical evaluation, etc.

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Who is financial responsibility (legal custodial parent) for this child?

This is who we will contact about billing and financial issues.

Parent/ Financial Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## SCHOLARSHIP APPLICATION:

***(Only complete if financial assistance is needed)***

**Although we will do our best to ensure every child, in need,  
has a scholarship we cannot make any guarantees.**

How many people are in your household (according to your most recently filed tax return): \_\_\_\_\_

**Is this a Union County Children & Youth Services Referral? \_\_\_\_\_**  
**Case Worker Signature: \_\_\_\_\_**

Please tell us your gross household income (attach your most recently filed tax return) \$ \_\_\_\_\_

How much of a scholarship do you need?

- 100%- Full cost of the program (\$65)
- 50%- Half of the cost of the program (\$32.50)
- Other arrangement: Please explain: (Sometimes families only need help with a quarter of the fees, or paying for one child, etc.)

\_\_\_\_\_

By signing this form you are confirming that the above stated information is complete and true to the best of your knowledge. You also are giving the Grand, Travelers, Scrim Youth Theatre and Donald L. Heiter Community Center permission to apply on your behalf using this information for grants and scholarship money from funding agencies. Although it is our intention to protect the identity of all of its participants and we do so to the best of our ability it is often a requirement of funding agencies to have this information.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will contact you for more information and to verify the information you have provided on this form.  
Thank you.

\_\_\_\_\_

**Pick Up List:**

The following adults are allowed to pick up my child:

I understand that without valid state issued photo identification the Grand, Travelers, Scrim Youth Theatre and/or Donald L. Heiter Community Center will not allow anyone including myself to pick up this child.

**PICK UP #1: (must be a legal Guardian)**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PICK UP #2:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PICK UP #3:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PICK UP #4:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PICK UP #5:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PICK UP #6:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Due to public child care regulations set in place by the Dept. of Public Welfare we cannot allow children, under the age of 13, to sign themselves out without written consent from a legal guardian. A parent/ guardian must enter the facility, check with the staff and sign out their child. Failure to comply will result in immediate termination of attendance privileges.

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*OPTIONAL\*\*\***

I give my permission for my child, \_\_\_\_\_, **to sign themselves out of the Center, or its programs, and leave at their own discretion.** I understand that the Grand, Travelers, Scrim Youth Theatre and Donald L. Heiter Community Center, the staff, volunteers, and Board Members are not responsible for my child once they leave the premises or the program they are attending.

Parents/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_