

**Afterschool Program 2009/2010**  
REGISTRATION

CHILD INFORMATION:  
NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
GENDER: MALE OR FEMALE  
SCHOOL GRADE LEVEL: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

PARENT INFORMATION:  
PRIMARY GUARDIANS NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
SECONDARY GUARDIANS NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

HOUSEHOLD INFORMATION:  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: HOME (\_\_\_\_\_) \_\_\_\_\_  
COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:  
CONTACT #1:  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_ ALT. PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CONTACT INSTRUCTIONS: \_\_\_\_\_  
  
CONTACT #2:  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_ ALT. PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CONTACT INSTRUCTIONS: \_\_\_\_\_  
  
CONTACT #3:  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_ ALT. PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CONTACT INSTRUCTIONS: \_\_\_\_\_

PRIMARY GUARDIAN SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

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MEDICAL INFORMATION:

DOCTORS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT MEDICATIONS:

MEDICATION #1 NAME: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

DOES THIS MEDICATION HAVE TO BE ADMINISTERED DURING CAMP HOURS? \_\_\_\_\_

IF YES PLEASE GIVE DIRECTIONS: \_\_\_\_\_

MEDICATION #1 NAME: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

DOES THIS MEDICATION HAVE TO BE ADMINISTERED DURING CAMP HOURS? \_\_\_\_\_

IF YES PLEASE GIVE DIRECTIONS: \_\_\_\_\_

**IF YOU REQUIRE MORE SPACE PLEASE USE THE BACK OF THIS PAPER.**  
PLEASE TELL US A LITTLE ABOUT YOUR CHILDS MEDICAL HISTORY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANYTHING? (ENVIRONMENTAL, FOOD, MEDICATIONS, INSECTS, ANIMALS, ETC.) IF SO PLEASE USE THIS SPACE TO TELL US ABOUT IT. (WHAT HAPPENS WHEN THEY REACT, WHAT SHOULD WE DO IF THIS HAPPENS, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD AWARE AND PREPARED TO DEAL WITH THESE ALLERGIES?

DOES YOUR CHILD HAVE ANY PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, BEHAVIORAL, OR SOCIAL DISABILITIES? IF SO PLEASE TELL US, IN DETAIL, ABOUT THEM. (Children who require one on one attention or have special needs or require assistance in the bathroom are required to have a TSS worker with them at all times while at the Center. Our staff are not trained to provide a safe enriching environment for special needs children)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD EVER BEEN VIOLENT? IF SO PLEASE EXPLAIN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIMARY GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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LIKES AND DISLIKES: (PLEASE CHECK OFF ALL THAT YOU FEEL WILL BENEFIT OR INTEREST YOUR CHILD)

ACTIVITIES:

- ?? CRAFTS AND ART PROJECTS
- ?? RELAY RACES
- ?? SWIMMING
- ?? PLAYING AT THE PARK
- ?? READING/ STORY TELLING
- ?? ROLE PLAYING/ACTING
- ?? BOARD GAMES
- ?? BOWLING
- ?? PLAYING BALL (KICKBALL, BASEBALL, FOOTBALL, Etc.)
- ?? COOKING
- ?? SCIENCE
- ?? HIKING
- ?? NATURE EDUCATION AND GAMES

FOODS: Please tell us foods that your child does like.

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MOVIES:

- ?? COMEDY
- ?? DRAMA
- ?? ANIMATION
- ?? MUSICALS

Is there anything else you would like to tell us about your child? \_\_\_\_\_

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Waiver of Liability:

I understand that during camp 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 I will not hold The Donald Heiter Community Center, its staff, volunteers, and its affiliates responsible for any harm that might come to my child. I understand that my child will be riding in volunteer and staff vehicles, a borrowed van, and/or a bus. I understand I am responsible to provide a child restraint seat if it is required by law. I understand if something should happen to my child that the staff and volunteers will use there best judgment is responding. I understand that these responses might include calling for emergency medical services, emergency medical treatment, going to the emergency room or going to the doctors office. I understand that I am responsible to pay for any expenses associated with these treatments. I give my permission for 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 the the staff will often take pictures of my children for advertising and memory book making and that it is my responsibility to inform the Executive Director if my child can not be photographed. I also understand that I must adhere to all parent/ guardian rules at the Center. I am aware that my failure to follow all rules can lead to termination of my child/ childrens attendance previladges at the Center.

PRIMARY GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## Pick Up List:

The following adults are allowed to pick up my child:

**CHILD'S NAME:** \_\_\_\_\_

I understand that without a valid state issued photo identification the Donald L. Heiter Community Center will not allow anyone including myself to pick up this child.

**PICK UP #1: (Parent or 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: \_\_\_\_\_

Due to public child care regulations set in place by the Dept. of Public Welfare we can not allow children to sign themselves out. A parent/ guardian must enter the Center, check with the staff and sign out their child. Failure to comply will result in immediate termination of attendance privileges.

Parents Initials: \_\_\_\_\_

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

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

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

I give my permission for my child, \_\_\_\_\_, to sign themselves out of the Center and leave at their own discretion. I understand that the Donald L. Heiter Community Center, the staff, volunteers, and Board Members are not responsible for my child once they leave the Center.

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

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

**Afterschool Program 2009/2010**

## REGISTRATION

## After School Program Rules:

**Child's Name:** \_\_\_\_\_**1. Respect your environment:**

- a. If you use something put it away when you are finished
- b. If you spill or break something clean it up and tell a counselor
- c. If you see that something is messy clean it up. Enlist other campers to help!
- d. The only place it is acceptable to run in the Center is the gym.
- e. Flush the toilet and wash your hands after going to the bathroom.
- f. No food or drinks in the gym, conference room, library or living room
- g. No gum chewing.
- h. No children in the kitchen unless approved.
- i. The computer can only be used during approved periods and with the supervision of a counselor.
- j. No child will be allowed access to the internet.
- k. No child will be allowed access to the phone unless approved by an adult.
- l. Parents can only call the Center to speak to their child in the case of an emergency. The emergency must be explained to the counselor who answers the phone.
- m. No children in the office with out approval.

**2. Respect others:**

- a. No hitting, spitting, slapping, punching, kicking, physically hurting or pushing.
- b. No name calling
- c. Don't use words such as stupid, retard, idiot, moron, loser, freakin, friggin, faggot, queer, fat, ugly, or any other word that is used to hurt or exclude others. Do not use these words towards yourself, others, or in general.
- d. Don't talk about people behind their backs. If you can't say it to them don't say it at all.
- e. Don't emotionally hurt people.
- f. No mind games, scaring, babying, or excluding others.

**3. Respect yourself:**

- a. Don't leave the building with out a counselor or guardian/ parent.
- b. Don't leave with your parent/ guardian with out signing out and letting a counselor know.
- c. Don't say bad things about your self, make jokes about yourself that are hurtful, etc.
- d. No game boys, electronic hand held devices, CD players, MP3 Players, IPODS, DVD Players, or Cell phones unless approved for bus rides.
- e. Money can be brought to the Center for snacks at the pool or for trips however the child (regardless of age) is responsible for it.

## Afterschool Program 2009/2010 REGISTRATION

### Infraction System: (What happens if you break these rules)

- If a child breaks a rule once the behavior is pointed out and the child is asked not to do it again.
- If a child breaks a rule twice the child is put in time out (1 minute for each of age)
- If a child breaks a rule a third time they are sent to the Director/ Assistant Director and a parent is notified.
- If a child breaks a rule a fourth time they are sent home and suspended depending on the severity of the situation and at the discretion of the director/ assistant director.
- If a child physically hurts, breaks a sexual boundary, uses racial, sexual, or other unacceptable remarks they will be sent home immediately, possibly suspended or expelled from the camp at the discretion of the Executive Director and Board of Directors.
- If a child leaves the building without a counselor/ parent/guardian they will immediately be suspended and possibly expelled at the discretion of the Executive Director/ Board of Directors.
- At any time the Executive Director and Assistant Directors have the right to suspend or expel a child if the child is repeatedly found to be breaking rules, disrespectful, or contributes to an unsafe environment.
- All rules are subject to change without notice.

I, \_\_\_\_\_, (Parents/ Guardians Name), have read & discussed these rules with my child. I understand that my child can be suspended, expelled, lose privileges, and/or be held back from trips if their behavior is not satisfactory. I understand that I will be called and expected to immediately come pick up my child if it is requested by the counselors/ staff.

Parents/ Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (Child's Name) understand that it is my job to follow these rules and that if I don't I will be put in time out, suspended, expelled, held back from trips, etc. I will try my best to follow all of these rules and learn from any mistakes I may make.

Child's Signature: \_\_\_\_\_

Date Received by DHCC Staff: \_\_\_\_\_

**Afterschool Program 2009/2010**  
**REGISTRATION**

Parent/ Guardian Expectations

??Children are to be picked up by 7:00 PM each day unless the Centers hours are extended for trips, special programs, etc. If your child/ children are not picked up on time there will be a \$3 per minute fee. Repeated lateness will result in loss of privileges. Families who are charged a late fee can not return until the fee is paid.

??Children are to be prepared for the days activities. (Bring a swim suit, sneakers, or what ever is needed. Check your weekly newsletter or speak to a counselor for more details!)

??Parents/ Guardians are expected to:

~~///~~ -help with fundraising events

~~///~~ -come into the Center, speak to a counselor and sign their child/ children out. Failure to do all of these steps can result in loss of privileges.

~~///~~ -clean out children’s cubbies every Friday. All items left in the cubbies will be thrown out every Friday Night at 7:00 PM regardless of their worth or importance.

??Children will not be allowed to use the phone to call for forgotten items such as sneakers, etc. They will simply be excluded from the activity. If forgetting a pool item happens the child will have to sit at the pool.

??Payments are expected to be paid in full and on time. Failure to comply will result in loss of attendance privileges.

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

I, \_\_\_\_\_, (Parent/ Guardians Name) have read and understand these rules. I also understand the consequences involved if I fail to comply.

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

Child/ Children’s Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Afterschool Program 2009/2010**  
REGISTRATION  
**After School Program Policies and Procedures:**

**Calendar**

Families will submit a calendar detailing days that students will attend after school care. This will allow the DHCC to plan staff, activities and food for the month.

**Payments**

Payment in advance for the month will be expected when the calendar is submitted to the office. We accept cash and checks for all accounts. Please be advised that a \$35 fee will be charged for all returned checks.

**Accounts**

All accounts must be paid in full prior to the start of the month for continued admittance to the program. This applies to both after school care and summer camp accounts. If your bill is not paid in full prior to the start of the month, your child will not be permitted to attend any programs (summer camp or after school care) until the balance is paid in full including a \$35 surcharge.

**Hours of Operation**

After school care will be provided from approximately 3:30pm until 7pm, Monday through Friday. We are now a designated bus stop for the Lewisburg Area School district. The bus will drop children off at the center and a staff member will escort the children into the building. A \$3 per minute fee will be charge to familie s whose children are not picked up by 7:00 PM. Late fees must be paid by the end of the month.

**No School Days**

The Center will be open for No-School days (ie. in-service days) for the Lewisburg, and Milton school districts. Child-care will be provided from 6:30 am-7 pm on those days. Families who sign up their child for No-School days will be expected to pay \$15 per day.

**Holidays**

The Center will be closed for the following holidays: New Years Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day, New Years Eve Day.

**Inclement Weather/Early Dismissal**

In the event the DHCC is closed due to inclement weather, a refund for that day will be applied to the following month as a credit.

**Illness**

We understand that from time to time children become ill and need to miss a day of school or leave before school is dismissed. We ask that you contact our office (570) 524-5000, to inform us that your child will not be in attendance that day. If you notify the DHCC before 3pm, we will provide a credit (only to the sick child not to siblings who are well) for the missed 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 him/her to return to after school care. ***This does not apply to no-school days.*** If a child is absent more then three days in a on month time frame then a doctors excuse will be required in order to receive a credit.

If your child becomes ill, or arrives at the center ill, (vomiting, diahrrea, fever of 99 or more) then we will contact a parent or guardian for immediate pick up. The daily fee will be charged regardless of when the child leaves the center.

**Afterschool Program 2009/2010**  
REGISTRATION

Absences

Absences will not be credited or refunded. Staff and other related costs were expended to provide care for your child and we will not credit or refund your account for missed days.

If a child is expelled or suspended (any disciplinary action) from school, they may not attend the DHCC after school program, and we will not credit or refund your account for missed days.

We understand that custody issues can be difficult to coordinate, and that as a result a child may miss if a parent or guardian fails to comply with the calendar; however, staff and other related costs were expended to provide care for your child and we cannot credit or refund your account for missed days. Guardians and parents can submit two separate calendars and payments if that assists the family. We ask that you notify the DHCC in writing of the custody agreement so that we can keep track of who is the legal guardian at all times, and who is financially responsible.

Unscheduled days

We understand that mistakes in scheduling do occur and we will do our best to accommodate your child; however, there may be times we do not have adequate staff to cover additions to our roster and it will necessitate an administrator to be present to meet state guidelines. Therefore, if your child arrives at the DHCC on a day they were not scheduled to attend, we will contact the parent or guardian to pick them up. If the parent or guardian is not able to pick the child up by 4pm, then the family account will be billed for the additional day. If this occurs more than 4 times in a calendar month, an additional fee of \$25 will be charged to your family account to cover administrative costs. Repeated occurrences may result in suspension or expulsion from the program.

By signing below you are agreeing that you have received, reviewed, understand, and will adhere to The Donald L. Heiter Community Center's After School Program Policies and Procedures.

Child's Name or Children's Names:

\_\_\_\_\_

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

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

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For Staff Purposes Only:

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

Staff Member Receiving: \_\_\_\_\_

Signature: \_\_\_\_\_