

Camp Xtreme



**S.T.E.A.M Learning
Introducing: The Arts**

Child Application

MONTGOMERY COUNTY OIC

CAMP XTREME SUMMER ENRICHMENT PROGRAM REGISTRATION FORM 2024

Montgomery County OIC - Xtreme Summer Camp S.T.E.A.M

Contract Year: 2024

Program Hours:

Montgomery County Opportunities Industrialization Center and Camp Xtreme operate Monday through Friday, 8am-5pm; 10 hours max of care per day. Camp will run from Monday June 17th through Friday August 9th (8 weeks).

Health Records:

We must have your children's Health Assessment Record on file before your child/ren can start the program. The state and insurance regulations require that OIC has a current health assessment with the emergency and medical forms properly completed and signed by a physician.

Meals:

Xtreme Summer Camp will provide a healthy breakfast, lunch, and afternoon snack. All meals are provided by CACFP.

Payments:

A non-refundable deposit of \$50 is due upon submission of your child's application. Your child may not start without this deposit. Payments are due and accepted weekly on each Friday before the incoming week. Trips are included in the \$275 weekly fee. If you have a trip planned during the camp operating dates, you must provide verbal AND written notices of your child(ren)'s absence so that we have as accurate a count as possible. State subsidies are available for those parents who qualify. You may contact Child Care Information Services (CCIS) for more details on qualification. They are accepting applications daily. Montgomery County OIC and Camp Xtreme accept money orders, certified checks, cash, Zelle, and automatic electronic billing.

Attendance:

Parents are responsible for notifying the camp when your child will be picked up early or if your child(ren) will be absent or late for any reason. This policy is to protect the child's safety. Absences of two days or more without prior notice may result in your child being dropped from camp. Additionally, there is a 'waiting list' for Camp Xtreme for those families only looking to participate in specific weeks of camp OR were found out of compliance with Camp Xtreme policy. Attendance is important to the continuity of the program. If all paperwork (ie. Food Program, Health Assessment, Emergency Contact and Authorization) are NOT current or completely filled out properly, OIC and Camp Xtreme reserve and will exercise the right to excuse your child(ren) from camp until the paperwork is completed. This is a state regulation.

Liability:

Montgomery County OIC (or any subsidiary/affiliate of the organization) is not responsible for any lost, damaged, or stolen property of your child(ren). All clothing and personal items should be properly labeled with your child's name.

I, _____, state that my child(ren) shall participate in all of the activities scheduled during the Camp Xtreme Summer Camp and is medically able and fit to do so. I, _____ will NOT hold any person or representatives of the organization named Montgomery county OIC or its board of directors liable for any claims due to my child(ren) own negligence. I,

_____ give permission for my child(ren) to attend all trips with Camp Xtreme Summer Camp. If I have any questions, I will not hesitate to call 610-279-9700. I HAVE READ THIS CONTRACT AND I AGREE TO ABIDE BY ITS POLICIES. I ACCEPT THE CONDITIONS LISTED ABOVE.

Parent Signature: _____ Date: _____

Date Application Rec'd: _____ Admission Date: _____ Removal Date: _____

Staff Signature: _____ Date: _____

I have received a Camp Xtreme Handbook (Parent Signature) _____

Weekly Attendance Information – Check all that apply

- Week 1: June 17 – June 21
- Week 2: June 24 – June 28
- Week 3: July 1 – July 5
- Week 4: July 8 – July 12
- Week 5: July 15 – July 19
- Week 6: July 22– July 26
- Week 7: July 29 – August 2
- Week 8: August 5 – August 9

Payments must be made every Friday via Procare and/or Website. Along with application and two weeks of payment is required. No checks accepted. Cash and/or money orders will also be accepted

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Camp Xtreme Swimming Permission Slip



Arrangements will be made to swim at a local approved aquatics facility in the Greater Norristown area. Please make sure your child has the necessary water equipment on designated days. This includes but is not limited to: swimsuit, towel, water shoes, change of clothes. I give _____ permission to go swimming on the scheduled days at the predetermined location. Below I have listed any concerns or instructions for my child on days at the pool. Special Note: Please pack swimming articles daily since campers may take a trip to the pool on hot days other than predetermined days.

Parent's Signature: _____ Date: _____

Concerns:

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CAMP ACTIVITIES AND FIELD TRIPS

All campers must have the approval form signed and on file in order to participate in the camp trips and related activities. Please sign and return with your registration package to Montgomery County OIC.

Participant Name: _____

I AM THE PARENT/LEGAL GUARDIAN OF THE AFOREMENTIONED PARTICIPANT, AND I REQUEST THAT SUCH PARTICIPANT BE ALLOWED TO PARTICIPATE IN ALL ACTIVITIES AND TRIPS AS PLANNED. I SPECIFICALLY CONSENT TO SUCH PARTICIPANT'S PARTICIPATION, AND I AGREE TO RELEASE AND HOLD HARMLESS MONTGOMERY COUNTY OIC (MONTGO OIC) AND EACH OF ITS OFFICERS, MEMBERS, CHAPERONES AND AGENTS FROM ANY LIABILITY INCLUDING INJURY, SICKNESS OR DEATH THAT MAY OCCUR DURING THE TRIP AND RELATED ACTIVITIES.

Parent/Legal Guardian Signature: _____ Date: _____

Please note that some trips may require additional documentation or waivers for the children to participate. If you don't want your child to attend these activities, they may have to remain home if it is a full day or out of town activity

DAYCARE PHOTO RELEASE FORM

I, _____, the parent of a child/children at _____
(Hereinafter known as the "Daycare), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____

AGREEMENT

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

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 \$ 1.00	PER MIN-HR minute	
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

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE 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 FOR CHILD or MEDICAL ASSISTANCE BENEFITS		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

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

Xtreme
Learning Center

Start Date: _____ Approved by: _____ (Staff Initials)

Xtreme Child Care Center
A Division of Montgomery County OIC
1101 Arch Street
Norristown, PA 19401
Telephone: 610-279-9700 Fax: 610-279-9705

Child Name: _____
Address: _____
City/Zip Code: _____
Parent's name: _____
Parent's Name: _____

Birthdate: _____
Gender: _____
Home Phone: _____
Cell Phone: _____

Email Address: _____

Does/will child have any siblings enrolled in one of our other programs? Yes__ No__

If Yes, please list them by name: _____

I (parent/guardian) have read and understand the payment procedures and policies. I understand that my child will not be allowed to attend the program if payment has not been received by the OIC prior to my child attending care. I agree to update the emergency contact/parent consent form and agreement form whenever changes occur or every six months at minimum.

I give my permission for OIC to use pictures of my child for advertising and PR.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Staff Initials: _____

Date of Registration: _____