

HATBORO-HORSHAM SCHOOL DISTRICT'S
2019 SUMMER CAMP PARENT INFORMATION PACKET

Important Numbers:

- o Director of Child Care, Jackie Barnhart-215-420-5470
- o Assistant Director , Katherine Fairman-215-420-5475
- o Blair Mill Camp Site- 215-420-5230
 - Blair Mill Camp Nurse-215-420-5230
 - Main office-215-420-5202
- o CBHLC Camp Site-215-420-5713
 - Simmons Nurse-215-420-5958
 - Main Office-215-420 -5902

Drop Off

- o Drop off location-CBHLC- Main Entrance
- o Drop off location-Blair Mill- Cafeteria

Pick Up

- o Campers will need to be picked up no later than 6:00 pm each day.
- o There is a \$1.00 per minute later pick up fee per child. Continual late pick up will result in termination of summer camp services.
- o **Parents need to park in a parking space: not alongside of the building.**
- o Campers will not be released to anyone who is not listed on the pickup list. Pick up persons are required to have a picture ID.

Absence

- o **There will be no credit for absences not approved by the Director of Child Care.**

Lunch

- o Students should pack a lunch each day unless otherwise noted that it is included in the cost of the trip. Children may pack a brown bagged lunch if they would prefer not to have the lunch provided on the trip.

Medication

- o Any emergency medications, such as epi-pens, inhalers, Benadryl, must be submitted in a labeled zip lock bag to the camp nurse for approval.
- o A medication consent form must accompany medication. This form requires a physician's signature.

Sneakers

- o Campers not wearing sneakers will not be allowed to participate in gym, outdoor or athletic type activities, including playing on the playground equipment.

Sunscreen

- o Staff may assist campers in applying spray sunscreen or reminding them to apply before going outside.

**Hatboro-Horsham School District's
2019 Summer Camp
Emergency & Health Information**

Student's Name - - - - - Last First
 Address _____ Date of Birth: _____
 Parent's Names _____ Home Phone#: _____

Parent 1# _____ Parent 2 Cell# _____
 Work# _____ Work# _____
 Home Address _____ Home Address _____
 Email _____ Email _____

Authorized pick up persons or persons who can be called to assume temporary care of your child if you cannot be reached.

- | | | |
|---|-----------------------------|-----------------------------------|
| 1 | Name _____
Address _____ | Phone _____
Relationship _____ |
| 2 | Name _____
Address _____ | Phone _____
Relationship _____ |
| 3 | Name _____
Address _____ | Phone _____
Relationship _____ |
| 4 | Name _____
Address _____ | Phone _____
Relationship _____ |

I give permission for my child to be given:

Tylenol yes no **Tums** yes no

Please give details and dates if your child has, or had, any of the following health problems: (write none if child does not have)

Allergies _____
 Asthma _____ Does your child carry an inhaler? _____
 Diabetes _____ Heart _____
 Vision _____ Hearing _____
 Reoccurring Illness _____ Seizures _____

Does your child take any medication? _____ Name of medication(s) _____

Reason for Medication _____

is there anything more about this child's health you think is important for us to know?

Explain.

Family Doctor _____ Phone _____
 Address _____

Dentist _____ Phone _____

Health Insurance Coverage _____ Policy# _____

In case of an emergency, I hereby give permission for the child care staff to perform **minor first-aid procedures** and to **obtain emergency medical care** by medical personnel and transported to an appropriate medical facility for further evaluation and treatment.

Parent Signature _____ **Date** _____

2019 School-Age Summer Camp

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

NAME OF CHILD		
FEE AMOUNT \$ see below	PER-DAY -WEEK Weekly	IDAY PAYMENT TO BE MADE Wednesday week prior to service
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
<p>Program Weekly Fees Hours</p> <p>DI \$200.00 5 days</p> <p>D \$160.00 4 days</p> <p>D \$120.00 3 days</p> <p>D \$ 80.00 2 days</p> <p>Childcare, snack, outside time, outside presenters, arts and crafts, whole group activities, free play</p>		
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 1 minute	1. 2. 3. 4.
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian ;

 JA received complete written program information at the time of enrollment. (s 3270.12 1, 3280.121, 3290.121)

 JA agree to update the emergency contact/parental sent form information whenever changes occur or every 6 months at a 3270.124, 3280.124, 3290.124)

<i>Jacqueline Barnhart</i>	6/17/19	6/17/19
SIGNATURE-OPERATOR	DATE	SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION 6/17/19	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR GUARDIAN DATE

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We are excited to offer the safety, convenience and ease of Tuition Express™ - an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone#

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

D Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of



2019 Blair Mill Summer Attendance Calendar

Entering pt through 3rd Grade

Childs Name: _____

Please circle the days your child will be in attendance. You will be responsible for paying for all days circled. Any changes made must be approved by the Director of Child Care.

June

Monday	Tuesday	Wednesday	Thursday	Friday
17 Swim at Simmons	18	19	20	21
24 Swim at Simmons	25	26 Sesame Place All Camps	27	28 Swim at Simmons

July

Monday	Tuesday	Wednesday	Thursday	Friday
Swim at Simmons	2	3	4 Closed	5 Closed
8 Swim at Simmons	9	10	11 Sky Zone	12 Swim at Simmons
15 Swim at Simmons	16	17	18 Bowlero Bowling	19 Swim at Simmons
22 Swim at Simmons	23	24	25 Arnold's Family Fun All Camp	26 Swim at Simmons
29 Swim at Simmons	30 Lehigh Valley Iron Pigs (baseball) All Camps	31		

August

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2 Swim at Simmons
5	6	7	8 Ambler Theater	9
12	13	14	15 Burholme Mini Golf	16

2019 Blair Mill Summer Camn

Field Trin Parent Info

Entering 1st through 3rd

Child's Name: _____

<u>Date</u>	<u>Field Trip Destination</u>	<u>Cost</u>	<u>My child will attend</u>	<u>My child will not attend</u>
6/26	Sesame Place (Lunch Included)	\$ 40.00	D	D
7/11	Sky Zone Levittown (Pizza Lunch Included)	\$ 17.00	D	D
7/18	Bowlero (Pizza Lunch Included)	\$ 16.00	D	D
7/25	Arnold's Family Fun Center (Lunch Included)	\$ 30.00	D	D
7/30	Lehigh Valley Iron Pigs (Hot Dog Lunch Included)	\$ 14.00	D	D
8/8	Ambler Theater (Pizza Lunch Included)	\$ 10.00	D	D
8/15	Burlhome Mini Golf	\$ 15.00	D	D
Total cost of all field trips		\$ 158.00		

____ Credit card# _____ EXP Date ____ - CVV# ____ -

... Check attached: Check# ____ Check Date

This form along with payment must be returned by May 30, 2019.

I give permission for my child, _____ **to attend** the field trips marked above. I understand that if I do not want my child to attend the field trip, I must make alternate arrangements for that day as there will be no care provided.

Parent Signature

Date

2019 Hatboro-Horsham Summer Camp Swim Consent Form

Dear Parent,

We will be swimming at Simmons Elementary Pool during the summer camp on Monday and Fridays from June 17, 2019 through August 16, 2019.

On the first swim day, your child's swim ability will be tested by the life guard staff. Your child will then be designated a certain pool area where they are allowed to swim based on ability.

Please sign and return this form, indicating whether you give permission for your child to participate in the summer swim program.

Jacqueline Barnhart
Director of Childcare
215-420-5470



Name of Child _____

Yes, I give permission for my child to swim at Simmons Elementary with the Hatboro-Horsham School District's Summer Camp Program.

No, I do not give permission for my child to swim at Simmons Elementary with the Hatboro-Horsham School District's Summer Camp Program.

Parents Signature

6/17/2019

Date

2019 Payment in Full Calculation Sheet

Family Name: _____

Week of:	1 st child	2 nd Child	3 rd Child
June 17			
June 24			
July 1 (3 day week)			
July 8			
July 15			
July 22			
July 29			
August 5			
August 12			
Total Cost per child			
Discounts	0%	10%	10%
Cost after Discount			
10% payment in full discount			
Total cost of field trips***			
Tuition + field trips			
Amount due per child			

Total amount due _____

discounts are not applied to field trips