

# **Attention Parents:**

We have a limited number of spaces in the Program therefore it will be a first come first serve basis.

There will be a wait list. The spaces will be filled based on the timestamp of your **FULLY COMPLETED**

**Panther Club Registration Packet. Everything Must be FULLY filled out or you will lose your spot.**



## Panther Club Quick Tips and Reminders

Drop Off and Pick Up- No Parent should enter the building. You will need to bring your child to the door and Sign them in using your Brightwheel Code to the specified door. After each check in the iPad will be sanitized.

All Students are required to wear a mask each day. Please make sure your mask is labeled. Please provide a second mask in the event something happens to the first.

Please provide proper adequate attire as we will be outside as much as possible, weather permitting.

Any and ALL school issued devices needed for online learning need to be labeled with Child's name so that there is no mix up between devices.

All devices need to be fully charged as there are not enough outlets for everyone charging devices.

Any materials (worksheets, textbook, etc.) needed for the day should be labeled before coming to Panther Club.

Login information needs to be provided so that we can easily access any of the devices or activities for the classroom.

Students Must bring a labeled bag to include ALL belongings.

Students will need to bring lunch and snacks for the day. There will be no school provided food or beverage options. We will also not have access to heat up any items.

Payments and Calendar **MUST** be made by the 20th of the month for the following month.



## 2020 Panther Club Registration Checklist

Parents, please use this checklist to ensure that all Panther Club paperwork is completed. Please keep a copy of all paperwork for your records.

\_\_\_\_\_ Enrollment Contract

\_\_\_\_\_ Emergency Contact (3 pages)

\_\_\_\_\_ Monthly Calendar

\_\_\_\_\_ Brightwheel Enrollment (if you are new to the program and you need a Brightwheel invitation email please reach out to the Panther Club Coordinator Colleen Flaherty at [cflaherty@pitman.k12.nj.us](mailto:cflaherty@pitman.k12.nj.us))

\_\_\_\_\_ Add a Picture to Your Brightwheel Account. It should be a singular picture of just the student whose account it is.



Panther Club Enrollment Contract (one form per camper required)

Childs Name: \_\_\_\_\_ Grade as of September 2020: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

To reserve your days, please select the days that you would like to enroll for the month. This must be done by the 20<sup>th</sup> of the month for the next month, or a \$25 Late Fee will be charged to your Brightwheel Account. ALL payments and communication should be made through the Brightwheel App.

Panther Club Enrollment Policies:

- Emergency Contact Forms should be filled out entirely, Please leave no blank options. There should also be ONE form filled out per student attending Panther Club
- Daily rate for Students: AM- \$7.00, Extended Day- \$15.00, Half Day- \$7.00 and PM- \$11.00
- Payment is due the 20<sup>th</sup> of each month. If there is more than one child in your family a singular payment can be made under one child's Brightwheel Account.
- You are responsible to pay for all days selected on your calendar. If for any reason your child will not be attending Panther Club your Site Leader will need to be informed by 8pm the night before via the Brightwheel App.
- Payment in the amount of \$35 will be charged to your account for any payment that comes back insufficient funds.
- A \$25 late fee will be charged to your account if payment and calendar is not received by the 20<sup>th</sup> of the prior month.
- The deadline to reserve your Panther Club days each month is the 20<sup>th</sup> of the prior month.

PARENT/GUARDIAN AGREEMENT: I, the parent/guardian of \_\_\_\_\_ have read the above Panther Club Enrollment Contract which shall become my obligation to Pitman Board of Education. I fully understand this obligation and the reasons for its implementation. By signing below, I am indicating that I have read and agreed to abide by all policies listed in the Parent

Handbook and Panther Club Forms .

Parent/Guardian Signature: \_\_\_\_\_ Date:

## 2020-2021 School Year Emergency Contact Form

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Address \_\_\_\_\_

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

**Sibling (include ages) of Above Named Student:**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Emergency Contact Name (*Not Parent*) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

The following adults are given permission to pick up my child/children from Panther Club Program:

1 Name \_\_\_\_\_ Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2 Name \_\_\_\_\_ Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3 Name \_\_\_\_\_ Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please List any person(s) NOT permitted to pick-up your child/children:

1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Check here if: **DO NOT** grant my permission for photographs or videos of my child, or any of his/her work to be submitted to newspapers or TV stations for publication or posted on the Pitman School District website. **OVER**

**MEDICAL INFORMATION**

**\*Any medical conditions must be disclosed at the time of registration. We may not be able to accept your child due to state regulations; only a registered nurse can administer medications. Panther Club does not employ a nurse outside of normal school hours.**

**CHECK IF THE STUDENT HAS ANY OF THE FOLLOWING CONDITIONS:**

<input type="checkbox"/> Heart Condition: Restrictions	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Seizure Disorder		
<input type="checkbox"/> Asthma: On medication	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Adverse Drug Reaction			<input type="checkbox"/> Severe Allergies (including food or bee stings)		
<input type="checkbox"/> Hearing Problems:	<input type="checkbox"/> Ear tubes	<input type="checkbox"/> aids	<input type="checkbox"/> Braces		
<input type="checkbox"/> ADHD: On Medication	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Vision problems: Glasses	<input type="checkbox"/> Contacts	<input type="checkbox"/>
<input type="checkbox"/> Other:	_____		<input type="checkbox"/> Fractures	<input type="checkbox"/> year	

Please explain any of the above questions if they are checked:

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

My child is on the following medication:

\_\_\_\_\_

Recent surgery, illnesses, or injuries and date(s):

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

Family Physician:

\_\_\_\_\_

Family Dentist:

\_\_\_\_\_

Does your child have health insurance? Yes  No

If yes, name of insurance company:

\_\_\_\_\_

In case of an **EMERGENCY** and your child has to be taken to the nearest hospital, your preference is: \_\_\_\_\_ . I give my son/daughter permission to receive emergency hospital treatment, if necessary.

I hereby give permission to release information regarding my child's health condition(s) to essential school personnel and those authorized on the emergency card who assume temporary care of my child in order to best meet the medical and health needs of my child in the school setting.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Child Lives With: \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other

**Please answer all the questions (1-5) below (Use additional paper if necessary)**

1. What does your child like to do in his/her free time?

\_\_\_\_\_

2. Describe how your child interacts with his/her peers:

\_\_\_\_\_

3. Have there been any major changes in your family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) If so, what effect did this have on your child?

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

4. Is your child or family receiving any special help with emotional concerns or behavior at school or home?

(Psychiatrist, counselor, social worker, etc.)

If so, please explain. (Use additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

5. Is there anything else you would like us to know about your child that will aid us in helping him/her have a safe and enjoyable experience? Any specific concerns about your child? (Use additional sheet if necessary)

\_\_\_\_\_



Login information needs to be provided so that we can easily access any of the devices and/or activities for the class.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Login Information

Website/Device	Username	Password

Please write any information that will help us to assist your child with their school work:

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