

# **Attention Parents:**

Registrations will be on a first come first serve basis. You must email your registration packet. We will be using the timestamp on the email as date and time received. Printed packets will not be accepted. Any incomplete registrations will be returned.



## Panther Club Quick Tips and Reminders

- **Drop Off and Pick Up**- No Parent will 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. Do not share codes with anyone. ALL approved pick up adults must use their own codes for safety reasons.
- Please provide proper attire as we will be outside as much as possible, weather permitting. There will be no opened toed shoes permitted. **STUDENTS CANNOT WEAR FLIP FLOPS.**
- Students must bring a labeled bag to include ALL belongings.
- Students will need to bring lunch and snacks for the day. We have snacks twice a day. There will be no school provided food or beverage options. We will also not have access to heat up any items.
- We will be going outside almost daily so please bring a water bottle.
- Electronics are only to be brought on specified Electronics days.
- Payments and Calendars **MUST** be made by the 20th of the month for the following month. If you do not turn your calendar in by the due date on the calendar, you **MAY** be charged a \$25 late fee. You also run the risk of your child losing their spot in the program.

### 2024-2025 School Year 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 (Three have been provided, each has their own due date)

\_\_\_\_\_ Brightwheel Enrollment -This is to be completed AFTER the packet is emailed.(if you are new to the program and you need a Brightwheel invitation email please reach out to the Panther Club Coordinator Jessica Romer at [jromer@pitman.k12.nj.us](mailto:jromer@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 2024: \_\_\_\_\_

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 Session (6:45 to 8:30)- \$7.50 PM Session (3:00pm to 6:00 pm)- \$11.50
- DROP IN RATE AM Session (6:45 to 8:30)- \$9.50 PM Session (3:00pm to 6:00 pm)- \$13.50
- Payment is due the 20th 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 20th 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: \_\_\_\_\_

## 2024-2025 School Year Emergency Contact Form

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
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: **I 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:

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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?

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

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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?

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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) \_\_\_\_\_

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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)

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\_\_\_\_\_ (Please Initial) I acknowledge that I have read and understand the contents of the Parent Handbook. I understand the policies and procedures stated in the handbook and agree to follow said procedures and policies.

**Pitman Public School District**

**Panther Club**

**PARENTAL PERMISSION FORM**

CLASS: Panther Club	TEACHER: All Site Leaders and Counselors
DATE OF TRIP: September 2024 to June 2025	MEANS OF TRANSPORTATION:
PURPOSE OF TRIP: <input type="checkbox"/> Photo/ Video Permission <input type="checkbox"/> Walking Permission <input type="checkbox"/> G/PG Permission	
DEPARTURE TIME: Varies	RETURN TIME: N/A
SPECIAL INSTRUCTIONS: Please check the above options in which you give your child permission to participate.	

**PITMAN PUBLIC SCHOOLS**

CLASS: Panther Club	TEACHER: All Site Leaders and Counselors
DATE OF TRIP: September 2024 to June 2025	MEANS OF TRANSPORTATION:
PURPOSE OF TRIP: PURPOSE OF TRIP: <input type="checkbox"/> Photo/ Video Permission <input type="checkbox"/> Walking Permission <input type="checkbox"/> G/PG Permission	
<b>My child(ren) _____ Have my permission to participant in walking trips around town.</b>	
DATE:	PARENT'S SIGNATURE:

**PLEASE NOTE: Students may not participate in any class trip unless they return this form signed by a parent/guardian.**