

2025-26 REGISTRATION

PANTHER CLUB



ATTENTION PARENTS

*Registration will be on a first-come, first-serve basis. You must **email** your registration packet. We will be using the timestamp to document the date/time received. Printed packets will not be accepted. Any incomplete registrations will be returned. Thank you for your understanding!*

Note:

- Registration will close **Wednesday, August 27.**
- It will re-open on **Wednesday, September 10.**

PANTHER CLUB

Quick Tips and Reminders for Parents

- **Drop Off and Pick Up** - You are not permitted to enter the building during drop-off and pick-up. Please bring your child to the door and "check-in" your child using the Brightwheel code to the specified door. Do not share codes with anyone. All adults who are approved to pick-up a child must use their own codes for safety reasons.
- Please provide proper attire as we will be outside as much as possible, weather permitting.
- Open-toed shoes are not 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 per 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.

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 (Calendars will be sent via Brightwheel once a completed Registration packet is received)

___ 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 the following address: ***jromer@pitman.k12.nj.us***

___ Add a Picture to Your Student to the Brightwheel Account.

Panther Club Enrollment Contract

--- One Form per Camper Required ---

Name of Child: _____

Grade as of September 2025: _____

Email of Parent: _____

Phone Number of Parent: _____

To reserve your days, please select the days that you would like to enroll for the month. This must be done by the 20th of the *preceding 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:
 - ◆ Base Day (6:45 AM to 8:30 AM) - **\$7.50**
 - ◆ PM (3:00 PM to 6:00 PM) - **\$11.50**
- Drop-In Rate for Students:
 - ◆ Base Day (6:45 AM to 8:30 AM) - **\$9.50**
 - ◆ PM (3:00 PM to 6:00 PM) - **\$13.50**
- Payment is due by 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, you must inform your child's Site Leader by 8:00 PM 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 either the payment or calendar is not received by the 20th of the prior month.
- The deadline to reserve your Panther Club days each month is the 20th 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: _____

2025-2026 School Year Emergency Contact Form

Child's Name _____ School _____ Birthdate _____

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 _____ Relationship _____
(Not Parent)

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: **IDO 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 or her free time?

2. Describe how your child interacts with his or 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?

If so, please explain. _____

5. Is there anything else you would like us to know about your child that will aid us in helping him or her have a safe and enjoyable experience?

6. Are there any other camps, programs or activities your child may be participating in this summer?

_____ (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.*

PARENT PERMISSION FORM



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<i>Please complete the form below to indicate your permission preferences.</i>	
<u>CLASS:</u> Summer Panther Club	<u>TEACHER:</u> All Site Leaders & Counselors
<u>DATE OF TRIPS:</u> June 2025 to August 2025	<u>MEANS OF TRANSPORTATION:</u> <input type="checkbox"/> Parent Transportation <input type="checkbox"/> School Bus
<u>MISCELLANEOUS:</u> <input type="checkbox"/> Photo / Video Permission <input type="checkbox"/> Walking Permission <input type="checkbox"/> G/PG Movie Permission	<u>PARENT SIGNATURE:</u> Signature: _____ Name: _____

Note: Students may not participate in any class trip unless a signed parent permission slip is returned.