

X *Camp* **tre**me



S.T.E.A.M Learning
Introducing: The Arts
2026
Child Application

MONTGOMERY COUNTY OIC

CAMP XTREME SUMMER ENRICHMENT PROGRAM REGISTRATION FORM 2026

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

Contract Year: 2026

Program Hours:

Montgomery County Opportunities Industrialization Center and Camp Xtreme operate Monday through Friday, 8 am until 5 pm, 10 hours max of care per day. Camp will run from Monday, June 15th through Friday, August 14th (9 weeks).

Health Records:

We must have your children's Health Assessment Record on file before your child/ren can start the program. The State of Pennsylvania, as well as childcare laws/insurance regulations require that Montgomery County OIC (The Xtreme Learning Center, LLC) has a current health assessment with the emergency and medical forms properly completed and signed by a physician.

Meals:

Xtreme Summer Camp will provide space for your child to store and eat their food. Campers are advised to bring lunch as they will not be allowed to have food delivered to them via delivery services.

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 \$375 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 qualifications. 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 their child will be picked up early or if their child(ren) will be absent or late for any reason. This policy protects 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 (i.e., Food Program, Health Assessment, Emergency Contact, and Authorization) is NOT currently up-to-date or wholly filled out correctly, Montgomery County 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 appropriately 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, _____, permit 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) _____

Child Shirt Size (please select one): Youth Small Youth Medium Youth Large Youth X-Large
 Adult Small Adult Medium Adult Large

Weekly Attendance Information – Check all that apply

- Week 1: June 15 - June 18 Week 2: June 22 – June 26 Week 3: June 29 – July 3
- Week 4: July 6 – July 10 Week 5: July 13 – July 17 Week 6: July 20– July 24
- Week 7: July 27– July 31 Week 8: August 3 – August 7 Week 9: August 10 – August 14

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

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Camp Xtreme Swimming Permission Slip



Arrangements will be made to swim at a locally 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 a swimsuit, towel, water shoes, and 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 to participate in the camp trips and related activities. Please sign and return your registration package to Montgomery County OIC.

Participant Name: _____

I AM THE PARENT/LEGAL GUARDIAN OF THE PARTICIPANT MENTIONED ABOVE, AND I REQUEST 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 (MONTCO 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.

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

Xtreme
Learning Center

Start Date: _____ Approved by: _____ (Staff Initials)
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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: _____	Birthdate: _____
Address: _____	Gender: _____
City/Zip Code: _____	Home Phone: _____
Parent's name: _____	Cell Phone: _____
Parent's Name: _____	

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: _____
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Authorization for Emergency Hospital or Medical Treatment

In the event of an emergency or accident where it is deemed advisable for my child to receive immediate medical attention, I hereby authorize the **Montgomery County Xtreme Learning Center** to send my child to the nearest hospital.

I agree to meet the OIC staff member(s) at the hospital as soon as possible after notification. _____ (Initials)

I understand that I will be responsible for all expenses, including those incurred in transporting my child to the hospital. _____ (Initials)

In the event of a minor injury, I authorize the **Montgomery County Xtreme Learning Center** to administer minor first aid to my child. _____ (Initials)

Parent/Guardian Signature: _____

Date: _____

Relationship to Child: _____

Child's Name: _____