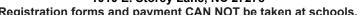


Orange County Schools - School Community Relations Department APPLICATION FOR SNACK, CRACKLE, POP UP! SUMMER CAMP Bring/Mail to: OCS School Community Relations Department 1010 E. Storey Lane, NC 27278

Registration forms and payment CAN NOT be taken at schools.





Child's Name

	Last		First	Middle	2019/20 School & Grade			
Child's	Address		City _	Zip				
Vhat O	range County	School did your child atte	end during the 2018-2019 scho	ool year?				
Gender								
	Male .	B: # 1 4						
	Female	Birthdate	Age					
			Location: Cedar Ridge Hige check the week your child was	will attend.				
			☐ Week 1 - July 29 - Aug					
	☐ Week 2 - August 5 - 9, 2019 Fee: \$160.00 per week, due in full at registration, Registration begins March 1, 2019, deadline is June 7, 2019 Check/money order made payable to Orange County Schools - No cash Or online at www.k12paymentcenter.com (if paying online print/send receipt and form to Kelly Faddoul at kelly.faddoul@orange.k12.nc.us)							
	Withdrawal deadline is June 24, 2019, non refundable after this date							
	Parent		each day. Program hours		- 3:00 p.m.			
	Space is limited to 24 participants per week.							
ather/0	Guardian		C	ell #				
				Cell #				
lother/	Guardian		(Cell #				
mail A	.ddress:							
	e a separatio No Yes	on, divorce, or custody	concern of which our staff s	should be aware of?				
s any p	erson prohibite	ed from picking up the ch	nild by a court order? If yes, at	tach a copy of the court	order and an explanation.			
rohibi	ted Person's	Name		Relationship to Child				
ersons veather	are authorized to or emergency co	o pick up the child from the	HORIZATION: Person other that program and/or be reached during with these locally situated persons of in the space below.	an emergency. In the ever	nt of early dismissal due to incle			
st Pick lame			Relationshi	p	Best Phone #			
nd Pick	: Up		Relationshi					
anie			Neialionsiii	٧ [JOSE 1 HOHE #			
rd Pick	Up							
Name			Relationshi	p E	Best Phone #			

Child's Name			· · · · · · · · · · · · · · · · · · ·
Last	First	Middle	Program Site
Medical/Developmental History/Use additional paper if net facility in the event of an emergency. In an emergency sit administer any drug or medication without specific instruct may authorize the physician of his/her choice to provide e I Agree I Do Not Agree	tuation, other children in the facility w tions from the physician or the child's	ill be supervised by a r parent or guardian. I	esponsible adult. We will not agree that the daycare provider
List any physical handicaps, developmental delays	and/or behavior/emotional specia	al needs.	
Does the child have special staff assistance during Community Relations Coordinator. The office number Yes No		ease schedule a mee	eting with the School
Completion of this section is	MANDATORY before your	child can start in	the program
	·		
List any medical conditions/allergies/operation	s/hospitalizations		
Child's Doctor	Teleph	one #	
Child's Dentist	Telenh	ione #	
Child's Defitist	relepii		
Hospital Preference			
Will your child need medication during the Sur ☐ Yes ☐ No	nmer Camp Program on a reg	gular basis?	
The parent/guardian is responsible for submitt Coordinator at your child's summer camp site. ☐ I Give		ation for a Studen	t at School form to the Site
I Do Not Give (check one) the Schoo staff.I Give	l Nurse permission to provide	medical informati	on to the Summer Camp
☐ I Do Not Give (check one) permissic scrapbook, display or by program pub			` ` ` ` ` `
Application: I certify that all the information I haproviding false and incomplete information will			curate. I understand that
Signature of Parent/Guardian:			_ Date:
OFFICE USE ONLY: Date App Received:	Start Date: _	F6	ee Paid:
Original to School: Paye	ee:	Check/mon	ey order: