



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 _____

What Orange County School did your child attend during the 2018-2019 school year? _____

Gender

- Male
- Female

Birthdate _____ Age _____

Camp Location: Cedar Ridge High School
Please check the week your child will attend.

- Week 1 - July 29 - Aug 2, 2019
- 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

Parents provide bag lunch each day. Program hours are from 8:30 a.m. - 3:00 p.m.

Space is limited to 24 participants per week.

Father/Guardian _____ Cell # _____

Mother/Guardian _____ Cell # _____

Email Address: _____

Is there a separation, divorce, or custody concern of which our staff should be aware of?

- No
- Yes

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of the court order and an explanation.

Prohibited Person's Name _____ **Relationship to Child** _____

EMERGENCY CONTACT and PICK UP AUTHORIZATION: Person other than parents/guardians listed on front of the form. The following persons are authorized to pick up the child from the program and/or be reached during an emergency. In the event of early dismissal due to inclement weather or emergency conditions, I have arranged with these locally situated persons who fully accept the responsibility of picking up my child/children from the After School Program. If none, write "none" in the space below.

1st Pick Up
 Name _____ Relationship _____ Best Phone # _____

2nd Pick Up
 Name _____ Relationship _____ Best Phone # _____

3rd Pick Up
 Name _____ Relationship _____ Best Phone # _____

Child's Name _____
Last First Middle Program Site

Medical/Developmental History/Use additional paper if necessary - The program agrees to provide transportation to an appropriate medical resource facility in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or medication without specific instructions from the physician or the child's parent or guardian. I agree that the daycare provider may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.

- I Agree
- I Do Not Agree

List any physical handicaps, developmental delays and/or behavior/emotional special needs.

Does the child have special staff assistance during the regular school day? If so, please schedule a meeting with the School Community Relations Coordinator. The office number is 919 732-4166.

- Yes
- No

*****Completion of this section is MANDATORY before your child can start in the program*****

List any medical conditions/allergies/operations/hospitalizations

Child's Doctor _____ Telephone # _____

Child's Dentist _____ Telephone # _____

Hospital Preference _____

Will your child need medication during the Summer Camp Program on a regular basis?

- Yes
- No

The parent/guardian is responsible for submitting an Authorization of Medication for a Student at School form to the Site Coordinator at your child's summer camp site.

- I Give
- I Do Not Give (check one) the School Nurse permission to provide medical information to the Summer Camp staff.
- I Give
- I Do Not Give (check one) permission for my child to be photographed at the program site. (e.g. by site staff for scrapbook, display or by program publications by journalists doing a report on school-age care programs)

Application: I certify that all the information I have given on this application form is true and accurate. I understand that providing false and incomplete information will be cause for disenrollment from the program.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY: Date App Received: _____ Start Date: _____ Fee Paid: _____

Original to School: _____ Payee: _____ Check/money order: _____