



# Orange County Schools - School Community Relations Department Application for School-Age Child Care Programs

Mail/Bring to:

OCS School Community Relations Department 1010 E. Storey Lane, Hillsborough, NC 27278

Child's Name \_\_\_\_\_  
Last First Middle 2018/19 Grade

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

- Program Site**
- Cameron Park
  - Central
  - Efland Cheeks
  - Grady Brown
  - Hillsborough
  - New Hope
  - Pathways

- Program**
- Full Time
  - Occasional

- OCS Employee**
- Yes
  - No

**Receive Subsidy**  Yes  No **DSS Social Worker's Name** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Work/Phone Extension \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Work/Phone Extension \_\_\_\_\_ Cell # \_\_\_\_\_

Is there a separation, divorce or custody concern of which our staff should be aware of?  No  Yes, please explain.

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:** Persons other than parents/guardians listed on front of 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 space below.

1<sup>st</sup> Pick Up Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best Phone # \_\_\_\_\_

2<sup>nd</sup> Pick Up Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best Phone # \_\_\_\_\_

3<sup>rd</sup> 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 day care 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  Do Not Agree

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

Does child have special staff assistance during the regular school day?  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 After School 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 school office.

I  Give  Do Not Give (check one) the School Nurse permission to provide medical information to the After School staff.

I  Give  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)

**Parents will need to initial each area below.**

\_\_\_\_\_ **NC Child Care Laws/Rules / Parent Handbook / OCS Student Handbook:** I understand I will receive the NC Child Care Law/Rule Brochure via email with the welcome packet and the Parent Handbook is available online at [www.orangecountyfirst.com](http://www.orangecountyfirst.com) (click on How Do I, After School, and Parent Handbook). I also understand the OCS Student Handbook contains OCS policies and procedures regarding student conduct and discipline and I can review it also at [www.orangecountyfirst.com](http://www.orangecountyfirst.com) (click on Board, Board Policies, Section 4000 Students).

\_\_\_\_\_ **Payment:** I understand I will need to follow the Billing Schedule that is provided to me and adhere to the payment schedule. Emails are sent as a courtesy. Parents that have outstanding accounts will not be able to enroll their child/children into OCS Middle School After School Program.

\_\_\_\_\_ **Late Pick Up:** I understand that I am only allowed 3 late pick-ups per year and I must pay for the late pick up by weeks end.

\_\_\_\_\_ **Withdrawal Policy:** I understand that if I choose to withdraw my child from the program that I must give a two week notice in writing to the School Community Relations office. I understand that I am obligated to pay fees during the two-week notice period even if my child does not attend during that time.

\_\_\_\_\_ **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/online \_\_\_\_\_