



**Orange County Schools - School Community Relations Department**  
**Spring Dolphin Camp 2019**  
**Monday, March 18th, 2019- Friday, March 29th, 2019**  
**Bring registration forms and payment to (Do Not mail or fax):**  
**OCS School Community Relations Department**  
**1010 E. Storey Lane, NC 27278**

Registration for Winter Dolphin Camp begins on **February 25th, 2019 - March 8th, 2019 or until full (max 60 children)**. Please complete registration form and return to the School Community Relations office **with payment (see page 2)**. No child is registered until form and payment are received together. Parents must provide lunch each day for their child/children. An afternoon snack will be provided daily. For the safety of your child's personal belongings, no handheld electronics will be allowed. Program hours: 7:00 a.m. - 6:00 p.m.

Child 1	Child 2	Child 3
Name:	Name:	Name:
Grade:	Grade:	Grade:

	1 Child	2 Children	3 Children
<b>Registration Fee</b> (not applicable if already paid for Fall/Winter Dolphin Camp)	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$90.00
<b>Spring DC Week 1:</b> 3/18/19-3/22/19	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$285.00	<input type="checkbox"/> \$415.00
<b>Spring DC Week 2:</b> 3/25/19-3/29/19	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$285.00	<input type="checkbox"/> \$415.00
<b>TOTAL DUE</b>			

OCS Employee	Parent Receives Subsidy
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes- have you contacted your case worker for approval? Case Worker Name: _____  <input type="checkbox"/> No

Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address, City, Zip \_\_\_\_\_

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** \_\_\_\_\_

Please complete Page 2 on back

**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 # \_\_\_\_\_

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? \_\_\_ 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 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 site.

- I Give \_\_\_ I Do Not Give (check one) the School Nurse permission to provide medical information to the 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.
- Withdrawal Policy: I understand that if I choose to withdraw my child from the program that I must give a two weeks notice via in writing to the School Community Relations Office. Parents are responsible for all charges, even if child/children do not attend.
- Transportation: I acknowledge that my child/children will be transported via an Orange County Schools Activity Bus.
- Late Pick UPs: If I am late picking up my child/children, I must pay for the charge within the week it occurred.
- I acknowledge that I have read the Parent Handbook at [www.orangecountyfirst.com](http://www.orangecountyfirst.com).

Forms of payment accepted: Checks and/or money order. If using the online payment center (K12OnlinePaymentCenter), parents can email the registration form and receipt of online payment to office.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use

Date App Received	Start Date	Fee Paid	Payment	Payee	Original to Sch

