



Orange County Schools AfterSchool Program
920 Corporate Drive, Hillsborough, NC 27278 – 919-732-4166
ocs.schoolcare@orange.k12.nc.us Program Hours: 2:30 p.m. - 6:00 p.m.

Please complete the registration form (each child will need a registration form) and return to the AfterSchool Office at: ocs.schoolcare@orange.k12.nc.us with **payment (see page 2)**.

No child is registered until form and payment are received together and a confirmation email is sent to the parent/guardian.

After-School Registration Form 2023-24

Child’s Name _____
Last First Middle 2023/24 Grade

Child’s Address _____ City _____ Zip _____

Gender: Male ___ Female ___ Birthday _____ Age _____

OCS Employee: Yes ___ No ___

Program Site:

Central Elem	Efland Cheeks Elem	Grady Brown Elem	Hillsborough Elem	New Hope Elem	Pathways Elem	River Park Elem

Receive Subsidy: Yes ___ No ___ DSS Social Workers Name _____

Telephone# _____

Parent/Guardian _____ Email _____

Work/Phone Extension _____ Cell# _____

Parent/Guardian _____ Cell# _____

Work/Pone Extension _____

Is there a separation, divorce, or custody concern that 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 _____

In the event of illness or emergency, please consider an emergency contact that has the ability to **PICK UP** the student in the event of an emergency. Feel free to add to this form if more room for names are needed.

EMERGENCY CONTACT and PICK UP AUTHORIZATION: Persons 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 # _____

*The AfterSchool Department reserves the right to make necessary changes as needed.
Orange County Schools/AfterSchool 919 732-4166
Office Hours: 8:00 a.m. - 5:00 p.m. each day unless otherwise noted.*

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 disabilities, developmental delays, chronic health conditions (i.e. asthma, diabetes, seizures), significant allergies and/or behavior/emotional special needs.

Does the child require special staff assistance during a typical i.e. regular school day? Yes (see below) No

If you selected yes, please schedule a meeting with the After School Program Manager.

Preferred Date/Time: _____

*****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 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 Manager at your child's site.

Parents please initial responses as appropriate:

I Give the School Nurse permission to provide medical information to program staff as deemed necessary.

I Give permission for my child to be photographed at the program site. (e.g. by site staff for scrapbook, display, program publications, and/or by journalists doing a report on school-age care programs)

[NC Child Care Laws/Rules](#) / [OCS Student Handbook](#) / [Child Care Strong NC Public Health Toolkit](#): I understand that the NC Child Care Law/Rule Brochure can be obtained via email and that a Parent Handbook is available to me from the Afterschool Program Office. 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 (click on Board, Board Policies, Section 4000 Students).

Late Pick Up: I understand that I am allowed 3 late pick-ups with late fees. After the third late pick-up, my child may be subject to being unenrolled from the program.

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.

Forms of payment:

[ONLINE payment K12paymentcenter.com \(send receipt of payment\).](#)

[Checks/Money Order \(make checks payable to: Orange County Schools\)](#)

[Mail/drop off registration and payment to: If dropping off, a drop box is located under the awning.](#)

[OCS Afterschool Programs, 920 Corporate Drive, Hillsborough, NC 27278.](#)

Parent/Guardian Signature _____

Date _____

Office Use ONLY

Date app received	Start Date	Fee Paid	Payment	Payee	Original to Sch