

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 the Parent Handbook is available online at 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 (click on Board, Board Policies, Section 4000 Students).

Late Pick Up: I understand that I am allowed 3 late pick-ups after the third, your child will be withdrawn 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: 1 Child / \$254.00 2 Children / \$444.00 3 Children / \$634.00

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 School Community Relations, 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