

\*\*\*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: [ocs.schoolcare@orange.k12.nc.us](mailto:ocs.schoolcare@orange.k12.nc.us).

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

Date \_\_\_\_\_

**SUBMIT**

**Office Use**

Date App Received: \_\_\_\_\_

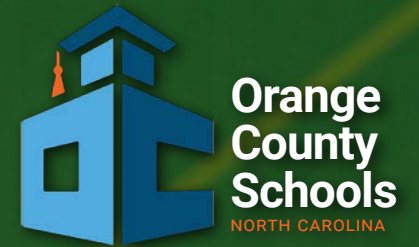
Start Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Payment: \_\_\_\_\_

Payee: \_\_\_\_\_

Original to Sch: \_\_\_\_\_



**L.E.A.P.**  
LINKING ENRICHMENT, ACADEMICS AND PLAY  
**CAMP**



920 Corporate Drive • Hillsborough, NC 27278

919-732-8126

[www.orangecountyfirst.com](http://www.orangecountyfirst.com)



**ENGAGE • CHALLENGE • INSPIRE**

Grady Brown Elementary School  
[www.orangecountyfirst.com](http://www.orangecountyfirst.com)



# L.E.A.P. CAMP

LINKING ENRICHMENT, ACADEMICS AND PLAY

Orange County Schools L.E.A.P. Camp offers a multi-faceted program for students in grades K-5 who attend any elementary school within the Orange County School District.

It is an optional six weeks program (depending on school calendar) organized around weekly themes with related hands-on, creative S.T.E.M and physical activities. Children are grouped by age with staff who assist them with age and developmentally appropriate activities.

The camp is designed to provide fun, enrichment and recreational activities in a caring environment. Students may participate in varied activities including arts/crafts, cooking, music/dance, cooperative games, computers, and recreational games.

An extensive field trip program is an important part of the L.E.A.P. Camp. Field trips may include visits to museums, the zoo, historical areas and parks. Guest entertainers and speakers are another popular, culturally enriching and vital part of the child's educational experience while attending camp.



Orange County Schools - School Community Relations Department

## L.E.A.P. Camp 2022

Monday, June 27, 2022 - Friday, August 5, 2022

Submit registration forms to: [ocs.schoolcare@orange.k12.nc.us](mailto:ocs.schoolcare@orange.k12.nc.us)

and submit online payment to: [k12paymentcenter.com](http://k12paymentcenter.com)

OCS School Community Relations Department  
920 Corporate Drive, Hillsborough, NC 27278

Registration for L.E.A.P. Camp begins on Friday, April 1, 2022 - until full (numbers are based on staffing availability).

Please complete the registration form and return to the School Community Relations office with payment. No child is registered until form and payment are received together.

For the safety of your child's personal belongings, no handheld electronics will be allowed. Program hours: 7:30 a.m. - 6:00 p.m. / Drop Off location at the cafeteria.

### CHILD 1

Student Id# (PowerSchool): \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Will your child bring a bag lunch? Yes No  
 Participate in our feeding program? Yes No  
 T-shirt size: Youth Small Youth Medium Youth Large Youth X-Large  
 Gender: Female Male  
 Age: \_\_\_\_\_

### CHILD 2

Student Id# (PowerSchool): \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Will your child bring a bag lunch? Yes No  
 Participate in our feeding program? Yes No  
 T-shirt size: Youth Small Youth Medium Youth Large Youth X-Large  
 Gender: Female Male  
 Age: \_\_\_\_\_

**One Time Registration Fee: \$30** (in addition to camp fees)

Registration Dates	1 Child	2 Children	Payment Deadline
June 27- July 1, 2022:	\$165	\$305	June 10, 2022
July 5- July 8, 2022:	\$132	\$245	June 10, 2022
July 11-15, 2022:	\$165	\$305	July 1, 2022
July 18-22, 2022:	\$165	\$305	July 1, 2022
July 25 - 29, 2022:	\$165	\$305	July 15, 2022
August 1-5, 2022:	\$165	\$305	July 15, 2022

(\$30 Registration/Camp Fee Combined) **TOTAL DUE:** \_\_\_\_\_

**Parent Receives Subsidy** Yes- have you contacted your case worker for approval? Case Worker Name: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_  
 Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

The School Community Relations Department reserves the right to make necessary changes as needed.

Orange County Schools/School Community Relations  
919 732-4166 / Office Hours: 8:00 a.m. - 1:00 p.m.

### Please complete

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

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 # \_\_\_\_\_

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 after school 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

Please complete page 2 on back