

**ORANGE COUNTY SCHOOLS - SCHOOL COMMUNITY RELATIONS PROGRAM
APPLICATION FOR MIDDLE SCHOOL-AGE CHILD CARE PROGRAMS**

Please Fill Out Completely and Print Clearly: (Submit to School Community Relation Office via email OCS.schoolcare@orange.k12.nc.us)

Child's Name: _____
Last First Middle 2022-2023 Grade
Child's Address: _____ City _____ Zip _____
Sex: M ___ F ___ Birthdate: _____ Age: _____

PROGRAM SITE: ___ A.L. Stanback
___ Gravelly Hill
___ Orange Middle

Middle School hours: Monday- Thursday 3:25-5:30
Transportation is not provided

\$30 Registration Fee

Forms of payment accepted: Checks and/or money order. If using the online payment center (k12onlinepaymentcenter), parents can email the registration form and receipt payment to : ocs.schoolcare@orange.k12.nc.us)

Father/Guardian: _____ Email: _____

Work Phone #/Extension: _____ Cell Phone: _____

Mother/Guardian: _____ Email: _____

Work Phone #/Extension: _____ Cell Phone: _____

Is there a separation, divorce or custody concern of which our staff should be aware of: ___No ___Yes, please include documentation

Is any person prohibited from picking up the child by a court order? If so, 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 the parents/guardians listed on front of the form. The following persons are authorized to pick up the child from the program and/or 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 Afterschool 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 # _____

Emergency Information:

Child's Doctor _____ Telephone# _____

Child's Dentist _____ Telephone # _____

Hospital Preference: _____

List any medical conditions/allergies/operations/hospitalizations put box here

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.

Child's Name: _____

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 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 I Do Not Agree

List any physical handicaps, developmental delays and/or behavior/emotional special needs.
put box here:

Does child have special assistance during the regular school day? No Yes, please explain.
Please schedule an appointment with the School Community Relations Coordinator at 919 732-4166.
Date and Time of Meeting: _____
 Yes No Child approved to attend the Middle School After School Program

Signature of School Community Relations Coordinator

ACKNOWLEDGEMENTS:

Parents will need to initial each area below:

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.

_____ **Physical / Immunizations:** I certify that my child is enrolled in the Orange County Schools and that a copy of a physical exam and a complete record of immunizations are on file in the school office where the child is enrolled.

_____ **Application:** I certify that all the information I have given on this application form is true and accurate. I understand that providing false or incomplete information will be a cause for disenrollment from the program.

_____ **Parent Handbook / OCS Student Handbook:** I understand I will receive the 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).

_____ **Attendance:** Child must attend 3 out of the 4 days of After School per week..

SAFE DEPARTURE:

If your child is not picked up by 5:45 p.m. the Program Director will call the parent/guardian's home and/or work numbers. If there is no answer she will call the emergency numbers given for the child on the registration form. If neither parents/guardian or emergency contacts can be reached within 20 minutes after closing time, the Program Director will call 911, and ask for the social worker on call.

If 3 late pick-up occurs during the school year, your child will be terminated from the program.

*Signature of Parent/Guardian: _____ Date: _____

Office Use Only:

Date App Received: _____
Fee Paid : _____
Payee: _____
Start Date: _____
Payment: _____