

MISCELLANEOUS INFORMATION:

Please give any additional information concerning your child which would be helpful in his/her group experience (eating and sleeping habits, specific likes/dislikes/fears, etc.): _____

PARENT INFORMATION:

Do you, the parent(s), have any special skills, talents, or knowledge that you would be willing to share with the program at your child's school? If so, please describe: _____

INSURANCE INFORMATION:

Check the appropriate statement. YOU MUST CHECK ONE OF THE STATEMENTS.

() Family / Private Insurance

I have family insurance for my child to cover medical expenses resulting from accidents which might occur while my child is attending the program sponsored by the Orange County Schools Community Schools Program.

() School Accident Insurance

I have purchased/will purchase school accident insurance for my child. (If your child is or will be enrolled in the school accident insurance plan, he/she will be covered during the regular school day and during the extended portion of each day while attending the program. Contact your school office at the beginning of the school year for more information.)

() No Insurance

I do not have family insurance or school accident insurance for my child. I fully understand that the Orange County Schools Community Schools Program will not be responsible for medical expenses resulting from accidents which might occur while my financial responsibility.

PERMISSION FOR CHILDREN'S SERVICES:

Read each statement carefully, then sign below.

I GIVE DO NOT GIVE (check one) permission for my child to be transported by activity bus or van to any activity planned for the program. I understand that notification of field trips will be posted at the site at least one week in advance of the trip and that I should regularly check at the site for this information.

*Parent/Guardian Signature: _____ Date: _____

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 report on school-age care programs)

*Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENTS:

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 Forms: I certify that all 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.

SAFE DEPARTURE:

If your child is not picked up by 6:00 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: _____	Start Date: _____
Withdraw Date: _____	Withdraw Eff Date: _____