Orange County Schools
NORTH CAROLINA

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Hillsborough Elementary School | www.orangecountyfirst.com

2022

Dolphin Camp

Orange County Schools Dolphin Camp

A multi-faceted program for students in grades K-5 at Hillsborough Elementary School.

920 Corporate Drive | Hillsborough, NC 27278

Dolphin Camp

FALL DOLPHIN CAMP | 2022

Orange County Schools Dolphin Camp

offers a multi-faceted program for students in grades K-5 at Hillsborough Elementary School. It is an optional three weeks intersession program (depending on school calendar) organized around weekly themes with related hands-on, creative and physical activities.

Children are grouped by age with counselors who assist them with age and developmentally appropriate activities. The program 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 part of the Dolphin Camp fun and learning experience. 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.

OCS School Community Relations Department

920 Corporate Drive,
Hillsborough, NC 27278

919-732-4166

Orange County Schools - School Community Relations Department

Fall Dolphin Camp 2022

Monday, September 19 - Friday, October 7, 2022

Submit registration forms to: ocs.schoolcare@orange.k12.nc.us and submit online payment to: k12paymentcenter.com

OCS School Community Relations Department • 920 Corporate Drive, Hillsborough, NC 27278 • 919-732-4166

Registration for Fall Dolphin Camp will end on Thursday, September 15, 2022 or 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.

A lunch and an afternoon snack will be provided daily. 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

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

CHILD 3

Student Id# (PowerSchool): _____ Name: _____ Grade: _____ Date of Birth: _____

Will your child bring a bag lunch? ☐ Yes ☐ No Participate in our feeding program? ☐ Yes ☐ No

Week Selection (s)

One-Time Registration Fee $30	**1 Child**	**2 Children**	**3 Children**
Fall DC Week 1 (5 days): 9/19/22 – 9/23/22	☐ $100	☐ $180	☐ $280
Fall DC Week 2 (5 days): 9/26/22 – 9/30/22	☐ $100	☐ $180	☐ $280
Fall DC Week 3 (5 days): 10/3/22 – 10/7/22	☐ $100	☐ $180	☐ $280

TOTAL DUE: _____

Arrival Time

☐ Between 7:30 am – 8:00 am

☐ Between 8:00 am – 8:30 am

☐ Between 8:30 am – 9:00 am

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 # _____

2nd Pick Up Name _____ Relationship _____ Best Phone # _____

Please complete page 2 on back

*****Completion of this section is MANDATORY before your child can start in the program*****

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
List any medical conditions/allergies/operations/hospitalizations

_____

_____

Child's Doctor _____ Child's Dentist _____
Telephone # _____ 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 (this is for field trips).

☐ 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.

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.

Parent/Guardian Signature _____ Date _____

Office Use
Date App Received: _____
Start Date: _____
Fee Paid: _____
Payment: _____
Payee: _____
Original to Sch: _____