***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 Afterschool 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 Afterschool Manager 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.

**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 _____

SUBMIT

Office Use

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

Orange County Schools
NORTH CAROLINA

920 Corporate Drive • Hillsborough, NC 27278
919-732-8126
www.orangecountyfirst.com

All **EduCARE Afterschool Programs** are licensed at a level that exceeds the minimum NC Division of Child Development Early Education Regulations. This makes **OCS EduCARE** Afterschools Program eligible for Department of Social Services childcare vouchers.

Orange County Schools
NORTH CAROLINA

# EduCare

ORANGE COUNTY SCHOOLS
**AFTERSCHOOL PROGRAMS**

## ENGAGE • CHALLENGE • INSPIRE

EduCARE Afterschool Programs

www.orangecountyfirst.com

ORANGE COUNTY SCHOOLS

Edu Care

ORANGE COUNTY SCHOOLS
AFTERSCHOOL PROGRAMS

**Orange County Schools EduCARE** offers a multi-faceted program for students in grades K-5 at all of our elementary schools. It is an optional three weeks intersession program.

Educare is organized around themes with related hands-on, creative and physical activities. Children are grouped by age with staff 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. Quarterly field trips may be provided and include fun and learning experience. Field trips may include visits to museums, bowling, historical areas and parks.

Guest entertainers and speakers are another popular, culturally enriching and vital part of the child's educational experience while attending EduCARE.

Orange County Schools - School Community Relations Department

# EduCARE Afterschool Program

**August 29, 2022 - June 8, 2023**

Program time is from school dismissal until 6:00 PM (Monday - Friday)

**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**

Registration for EduCARE begins on **Monday, June 27 2022** for Year-Round Schools (Year-Round Hillsborough Elementary) and **Friday, July 15, 2022** for all traditional schools.

Enrollment availability are based on staffing availability and grade level). 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.

An afternoon snack will be provided daily. For the safety of your child's personal belongings, no handheld electronics will be allowed.

**SELECT SCHOOL**

Central Elementary
Efland-Cheeks Elementary
Grady-Brown Elementary
Hillsborough Elementary
New Hope Elementary
River Park Elementary
Pathways Elementary

**CHILD 1**

Student Id# (PowerSchool): _____
Name: _____ Grade: _____
Date of Birth: _____
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: _____
T-shirt size: Youth Small Youth Medium Youth Large Youth X-Large
Gender: Female Male
Age: _____

**CHILD 3**

Student Id# (PowerSchool): _____
Name: _____ Grade: _____
Date of Birth: _____
T-shirt size: Youth Small Youth Medium Youth Large Youth X-Large
Gender: Female Male
Age: _____

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**