



Student Last Name _____

Grade _____

2011 - 2012 OCEAN AFTERCARE APPLICATION

STUDENT INFORMATION

One application per student. Each sibling applies separately. PLEASE PRINT CLEARLY.

Grade: (circle one) Kinder 1 2 3 4 5 6 7 8

Student Last Name _____ First Name _____ MI _____

Gender **M F** Birth date _____ Grade _____ Teacher _____

Siblings applying for after care **YES NO**

Sibling Name _____ Grade _____

Sibling Name _____ Grade _____

PROGRAM SELECTION

Plan Choice (Plan A - N) _____ Monthly Plan Fee \$ _____ Days (Circle) **M T W T H F**

Pick-up Time (Circle) **3:00 pm 5 pm 6 pm**

Ocean Aftercare Plans N - K offer supervision in the kinder yard for the gap between the kindergarten dismissal and the grades dismissal for families with children in both kindergarten and grades to help accommodate the staggered pick-up times on South and North Campus on Mondays, Tuesdays, Thursdays and Fridays. Plans K thru N are also available for all other kindergartners, regardless of sibling status.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 Is this person a legal guardian of this child? YES NO Does this child live with this person? YES NO

Last Name _____ First Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____
(Please print clearly)

PARENT/GUARDIAN #2 Is this person a legal guardian of this child? YES NO Does this child live with this person? YES NO

Last Name _____ First Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____
(Please print clearly)

Fill in form completely; leaving no field/question blank. If not applicable, designate "n/a".

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ VIA FAX LOCK BOX

NEW RETURNING EXT SIB CARE RECORDED: DATABASE QUICKBOOKS ECHO ATTENDANCE

EMERGENCY INFORMATION

Medical Information

Does the student have any medical conditions the after care program should be aware of? Yes No

If yes, please explain: _____

Does the student take any medications? Yes No Medication(s) _____

Is the student allergic to any medications? Yes No Medication(s) _____

Other allergies: _____

Emergency Contacts

If we are unable to reach a parent/guardian, these contacts will be called. *Please make sure your contacts are aware that you are listing them.* Parent/guardian authorizes after care staff to contact and, if necessary, release the student to any of the following:

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

**The student will not be allowed to leave the after care program with anyone who is not listed on this form without written permission in advance from the parent/guardian. Identification is required.*

Insurance Information

Name of Carrier _____ Policy # _____ ID # _____

Name of Insured _____ Physician _____ Phone _____

Hospital Preference _____

MEDICAL RELEASE

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required to ensure my child's health and safety. I understand that the expense of this service will be my responsibility.

The undersigned, legal custodian of _____ a minor, hereby authorizes the Ocean Charter School staff or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to call an ambulance to transport my child to a hospital or medical facility and to any x-ray, examination, anesthetic, medical or surgical diagnosis treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advanced any required diagnosis, treatment, or hospital care which a licensed physician or dentist my deem necessary.

This authorization is given through the provisions of Section 25.8 of the California Civil Code and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). It is understood that Ocean Charter School, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. It is further understood that the costs of paramedic transportation, hospitalization and any examination, x-ray, or treatment provided in relation to the authorization shall be home by the undersigned.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____