



**ORANGE COUNTY  
SCHOOL AGE CHILD CARE**

**REGISTRATION PACKET**

August 2020

**Orange County  
School Age Child Care Program  
Application Checklist**



***You must complete or include all documentation below***

For your convenience, we have included this checklist to be sure your application is complete PRIOR to your child starting the OCSACC Program. Please check each item as it is completed and include this form along with needed documents with the application when registering.

\_\_\_ Expected start date: \_\_\_\_\_

\_\_\_ Application & Medical Treatment Authorization (first two pages)

\_\_\_ Status Form

\*\*Complete either a "School Year" or "Summer" status form depending upon enrollment date

\_\_\_ Public Recognition, Field Trip Permission, & Code of Conduct

\_\_\_ Financial Responsibility

\*\*Signed by **BOTH** parents unless a custody agreement is provided

\_\_\_ Responsible Party Form

\*\*Only to be completed if receiving child care fee assistance

\_\_\_ Information records release

\_\_\_ Medication Authorization forms (if needed)

\_\_\_ Custodial Papers (if needed)

\*\*OCSACC cannot deny a parent the right to pick up their child unless a custodial agreement is on file.

\_\_\_ Immunization form **AND** Physical Form

\*\*Do not need to include these if your child is attending the school in which the OCSACC is housed for which you are registering

\_\_\_ Proof of Identity (ORIGINAL birth certificate)

\*\*Staff will not make a copy, however, will document pertinent information below

***Staff Use Only:***

Proof of identity - *must be provided before admission*

Document type \_\_\_\_\_ Certificate # \_\_\_\_\_

State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Staff Initials \_\_\_\_\_



## Orange County School Age Child Care Program Registration Package

**Student Information:**

Name:		Nickname:
Home Address:		
Mailing Address (if different):		
Phone:		
Date of Birth:	Sex:	Social Security Number:
School Attending:		Grade:

**Staff Use Only:**  
 Enrollment Date: \_\_\_\_\_ Review #1 Date: \_\_\_\_\_ Review #2 Date: \_\_\_\_\_

**Parent or Legal Guardian Information:**

Unless a custodial agreement is provided, or a parent is deceased, information on **BOTH parents is required by licensing standards.**

	Mother	Father
Name		
Social Security Number		
Relationship		
Home Address (if different)		
Home Phone (if different)		
Cell or Pager #		
Employer		
Work Address		
Work Phone		
Work Schedule		
Email address		

**Previous Child Day Care Programs & Schools Attended:**

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**Authorized to Pick Up Student:**

**NOT Authorized to Pick Up Student:**

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**\*Note - We cannot refuse a parent who wishes to pick up children UNLESS we have a copy of a Custodial Agreement in your child's file.**

Child's Name:	Date of Birth:
Address:	

**Emergency Contacts:** to be contacted in an emergency situation when parents or guardians cannot be reached. \*At least one person must be **LOCAL** - meaning readily accessible for your child within 60 minutes in case of an emergency

	Contact #1	Contact #2
Name		
Home Telephone #		
Work Telephone #		
Cell Phone or Pager #		
Street Address (NO PO BOXES)		
E-mail Address		

**Child's Health Information:**

Allergies (please list any symptoms that may be exhibited):	
Physical Conditions & Pertinent Developmental Conditions:	
Restrictions to Activity:	
Medications (currently taking):	
<b>Action to take in an emergency:</b>	

Family Physician:	Phone #:
Address:	

OCSACC will be provided with a copy of current immunization records prior to the first day of attendance. Updated information on immunizations will be provided upon request by OCSACC. Parents will also provide a copy of physical examinations within one month of first day of attendance (or give permission to be received from Orange County Schools). In the event children are exposed to a communicable disease at our center, (based on the Dept. of Health's current chart), parents will be notified within 24 hours or the next business day, unless forbidden by law. In the event of a life threatening disease, parents will be notified immediately. Parents are also required to notify the Child Care site within 24 hours or the next business day, if the child or any member of the immediate family within the household develops a communicable disease. (Note - life threatening diseases must be reported immediately.)

In the event the child whose name appears above becomes sick or injured the parents, guardians, or the emergency contact persons, once notified, will immediately arrange for the child to be picked up from the program. **However, if the child requires emergency medical treatment, the staff of the Orange County School Age Child Care is hereby authorized to obtain treatment of the child by qualified personnel and if circumstances warrant, to allow the transportation of the child to a hospital.** It is understood that this authorization covers only those situations that are true emergencies and only when parents, guardians, or emergency contacts cannot be reached. ***The person whose signature appears below agrees and understands that he/she will be fully responsible for any medical costs incurred by child, or on behalf of child, and that the Orange County School Age Child Care Program does not provide any sort of medical insurance or medical bill expense reimbursement or payment, for or on behalf of any child.*** It is also understood that a photocopy of this authorization will be as valid as the original.

Signature:	Date:
Relation to Child:	

# ORANGE COUNTY SCHOOL AGE CHILD CARE PROGRAMS School Year Status Form



In order to better serve our families and ensure we are billing correctly, please look over the form below and choose the status that best suits your needs. If you have any questions, please feel free to speak with your Site Director/Manager or Michelle Goodwin, OOY Administrative Assistant, at (540) 672-5484.

Child's Name \_\_\_\_\_ Site \_\_\_\_\_

- \*\*\*Full-time status is 4-5 days per week and you will be charged regardless of attendance.
- \*\*\*Part-time status is 1-3 days per week and you are charged for the days you attend.
- \*\*\*Discounts given for multiple children in the same household, as well as for Orange County Government and Orange County Public School Employees. **See parent handbook or Site Director/Manager for prices.**

**All Sites:**

Full-time AM only

Drop-in AM

Expected Start  
Date:

Full-time PM only

Drop-in PM

Full time AM & PM

**Registration Fee:**

School Year only fee - \$100.00 (covers school year attendance only)

Year Round fee –\$125.00 (covers one full year of attendance from date of payment)

Drop In fee – \$5.00 per day of attendance (once you commit to this status you will be charged \$5.00 per day regardless of the number of days in attendance)

**Please initial that you have read each statement below.**

\_\_\_\_\_ In order to change your status in the future, you must resubmit this form. \*  
\*Status changes are limited to one (1) time per year unless there is an extenuating circumstance and approved by the OoY Director.

\_\_\_\_\_ Please be advised that the Orange County Child Care staff may not waive any fees established by the Orange County Board of Supervisors.

\_\_\_\_\_ ALL Child Care balances must remain current and payments are due in **ADVANCE**.

\_\_\_\_\_ Drop-in children must pay each day or on the first date of attendance of each week for the entire week.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF ONLY:** Date Received: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**ORANGE COUNTY  
SCHOOL AGE CHILD CARE PROGRAMS  
Summer Status Form**



In order to better serve our families and ensure we are billing correctly, please look over the form below and choose the status that best suits your needs. If you have any questions, please feel free to speak with your Site Director/Manager or Michelle Goodwin, OOO Administrative Assistant, at (540) 672-5484.

Child's Name \_\_\_\_\_ Site \_\_\_\_\_

- \*\*\*Full-time status is 4-5 days per week and you will be charged regardless of attendance.
- \*\*\*Part-time status is 1-3 days per week and you are charged for the days you attend.
- \*\*\*Discounts given for multiple children in the same household, as well as for Orange County Government and Orange County Public School Employees. **See parent handbook or Site Director/Manager for prices.**

**All Sites:**

- Full-time Summer – **County Resident** (\$121.00 per week)
- Drop-in Summer – **County Resident** (\$35.00 per day)
- Full-time Summer – Out-of-County Resident (\$140.00 per week)
- Drop-in Summer – Out-of-County Resident (\$40.00 per day)
- Summer School Full time (\$115.00 per week)\*\*\*
- Summer School Drop-in (\$26.00 per day) \*\*\*

Expected Start  
Date:

\*\*\*Summer school rates are only available for children during the week(s) they are attending the Orange County Summer School Program ONLY

**Registration Fee:**

- Summer only fee - \$50.00 (covers summer attendance only)
- Year Round fee - \$125.00 (covers one full year of attendance from date of payment)

**Please initial that you have read each statement below.**

- \_\_\_\_\_ In order to change your status in the future, you must resubmit this form. \*  
\*Status changes are limited to one (1) time per year unless there is an extenuating circumstance and approved by the OOO Director.
- \_\_\_\_\_ Please be advised that the Orange County Child Care staff may not waive any fees established by the Orange County Board of Supervisors.
- \_\_\_\_\_ ALL Child Care balances must remain current and payments are due in **ADVANCE**.
- \_\_\_\_\_ Drop-in children must pay each day or on the first date of attendance of each week for the entire week.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF ONLY:** Date Received: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

# Orange County School Age Child Care Program



## Public Recognition Authorization

I understand that from time to time the Orange County School Age Child Care Program may wish to recognize students for special accomplishments by having their names or pictures or both appear in print or film media. I hereby give permission for the name and picture of my child, \_\_\_\_\_, to be used for such a purpose.

## Field Trip Permission Form

I understand that from time to time the Orange County School Age Child Care Program may wish to take field trips. I acknowledge that I will be informed of said field trips and will be given the opportunity to withdraw my child from this field trip. This withdrawal from a specific field trip will be submitted in writing. I hereby give permission for my child, \_\_\_\_\_ to participate in field trips.

## Code of Conduct

I understand that my child will be expected to:

- Respect the rights and properties of others.
- Cooperate by observing the rules and refraining from foul language.
- Disrespectful backtalk or physical contact with another child or staff member.
- Take advantage of all enriching opportunities presented.

I have read and discussed the Code of Conduct with my child and we understand that breaking the Code of Conduct could result in the child being terminated from the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Orange County  
School Age Child Care Program**



**Financial Responsibility Clause**

I understand that upon acceptance into the Orange County School Age Child Care Program, I am responsible for the payment of the program registration fee, attendance fees, insurance fee (if applicable), and any penalty fees as they become due.

I also understand that should I be receiving financial assistance from another agency, I am still ultimately responsible for all charges as they accrue.

I understand that my child may not be allowed to attend the Child Care Program in the event payments are not received on time. I also understand that withdrawing my child from the program does not eliminate my need to continue to make payments for monies owed.

I also understand that my account may be turned over to the Orange County Treasurer's Office for collection in the event it becomes past due. In addition, I understand I will also be responsible for any and all additional fees charged by the Orange County Treasurer's Office in the event my account is turned over for collection.

I am enclosing the non-refundable registration fee.

\*\*Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Both signatures required for paperwork to be complete unless a custody agreement is on file or there are extenuating circumstance. Please speak with your Site Director if you have any questions.

\*\*The Orange County School Age Child Care Program does not discriminate on the basis of race, gender, color, religion, marital status, disability, or national & ethnic origin. If payment fees present a financial burden on your family, please contact the Department of Social Services. Financial assistance may be available.

Orange County Department of Social Services

146 Madison Road, Suite 201

Orange, VA 22960

(540) 672-1155

# Orange County School Age Child Care Program



## Responsible Party Form

**\*\*To be completed ONLY if receiving child care fee assistance. (Ex: DSS assistance)**

Child's Name: \_\_\_\_\_

Site Attending: \_\_\_\_\_

I understand that upon acceptance into the Orange County School Age Child Care Program, the following persons or entity is responsible for all child care fees incurred. I also understand that in the event financial assistance from below listed entity is denied, that I am still ultimately responsible for all charges as they accrue.

Responsible Party's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date: \_\_\_\_\_

*I am receiving financial assistance from:*

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_



# Orange County School Age Child Care Program

## Information & Records Release Form

Child's Name: \_\_\_\_\_

School where records are located: \_\_\_\_\_

I hereby authorize for the above school to release a copy of my child's Birth Certificate verification form, physical examination and immunization record to the Orange County School Age Child Care Program.

In addition, I hereby give my permission for the Orange County School Age Child Care staff to discuss my child with all staff of the Orange County Public Schools and/or the school system staff in which they attend. This will enable the Child Care staff to better assist my child with homework, behavior management, and the day to day operation of the site.

I understand that all information and records released to the Child Care Program will remain confidential. As mandated by licensing standards, all participant files will be locked and are available to the staff only with the approval of the Program Director/Manager.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

### ***Office Use Only:***

We will need the following on this child:

	Date Requested	Date Received
Physical Form	_____	_____
Immunization Form	_____	_____
Birth Certificate Verification Form	_____	_____

# Orange County School Age Child Care Program



## Medication Administration

The OCSACC Programs provide the parents the opportunity to be sure their children receive medication both as needed (Ex: Tylenol for a fever) and on a regular basis (Ex: Ritalin for ADD/ADHD). Please be advised NOT ALL OCSACC staff is trained for this service. In the event, a staff member will not be on-site while your child is in attendance, you will be notified as quickly as possible in case alternate arrangements need to be made. Staff must attend an eight (8) hour Medication Administration class as required by the Va. Dept. of Social Services before they can administer ANY medication (excluding sunscreen and antibiotic ointment). Please review our medication administration policy located on pages 15 and 16 of the OCSACC Parent Handbook prior to filling out the following medication permission forms. They provide details on which part of each form needs to be completed.

### Please remember:

- ❖ In compliance with licensing regulations, medications will be strictly monitored.
- ❖ Medication will only be given to children when parents have supplied the appropriate release forms, with **ALL INFORMATION** completely filled out.
- ❖ Medication can only be given for ten (10) working days without written consent from a doctor and must be given to the Site Director or their designee immediately upon arrival at the site.
- ❖ Please do not send any medication with your child without written authorization.
- ❖ **All medication must be in the original container and labeled with the child's name, dosage amount and the time/times to be administered.**
- ❖ The labels must match the instructions written on the Medication Administration Form.
- ❖ **ALL** medications will be stored by OCSACC staff.

Some OCSACC staff is also trained in Emergency Medication Administration, including, but not limited to, inhalers, epi-pens and nebulizers. Emergency medication must be authorized by a doctor - using the long term medication form. Children cannot be in possession of their emergency medications - the Site Director or Lead Teacher in charge of their group will maintain possession of the medication while the child is on site. Any child that will require emergency medication while in the care of our programs will need to complete a Care Plan. It will be agreed upon, and signed, by parents and the Site Director/Manager to help direct staff when to administer the emergency medication.

The next two pages include our standard Non-Prescription Over-the-Counter (OTC) skin product authorization form as well our regular Medication Authorization Form to be used for all other types of medication administration. (Ex: Tylenol, Ritalin, Epi-pens, etc.) Again, please review our medication administration policy located in the parent handbook or speak with your Site Director/Manager for more information.



# Medication Authorization Form

## Orange County School Age Child Care Programs

For Prescription and Non-prescription Medications

### Instructions:

- One medication per authorization form.
- **Section A** must be completed by the parent/guardian for ALL medication authorizations
- **Section A and Section B** must be completed for an **long-term medication** authorizations (those lasting longer than 10 working days)

**PLEASE PRINT**

### **SECTION A: To be completed by parent/guardian**

Medication authorization for: \_\_\_\_\_  
(Child's Name)

The **Orange County School Age Child Care (OCSACC) staff** has my permission to administer the following medication:

Medication Name: \_\_\_\_\_

Dosage and Time(s) to be administered: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until \_\_\_\_\_.  
(Start Date) (End Date)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT**

### **SECTION B: To be completed by child's physician**

I, \_\_\_\_\_ certify that it is medically necessary for the medication  
(Name of Physician)

listed below to be administered to: \_\_\_\_\_ for a duration that exceeds 10 work days.  
(Child's Name)

Medication Name: \_\_\_\_\_

Dosage and Time(s) to be administered: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until \_\_\_\_\_.  
(Start Date) (End Date)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_



# Authorization Form for Non-Prescription Over-the-Counter Skin Products Orange County School Age Child Care Programs

## INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize use of:

- Sunscreen
- Insect Repellent
- Bee Sting Swabs
- Antibiotic Ointment

❖ The Orange County School Age Child Care Staff (OCSACC) has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child: \_\_\_\_\_  
(Child's Name)

❖ Please check which item you are giving permission for use:

\_\_\_ Antibiotic Ointment for first aid purposes (will be provided by OCSACC Program)

\_\_\_ Sunscreen → \_\_\_ Will provide my own \_\_\_ Will use OCSACC product

\_\_\_ Insect Repellent (must be provided by the parent/guardian) Name of product: \_\_\_\_\_

\_\_\_ Bee sting swabs (will be provided by OCSACC Program)

\_\_\_ Other → name of Product: \_\_\_\_\_

❖ Please list any known adverse reactions (if any) to the above products – if none, write “N/A”:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

### ❖ All OTC products must:

- Be in the original container and, if provided by the parent, labeled with the child's name
- Be used in accordance with manufacturer's recommendation and instructions for application
- Not be used beyond the expiration date of the product

### ❖ Sunscreen:

- Must have a minimum sunburn protection factor (SPF) 15
- Shall be inaccessible to children under 5 yrs.
- Children nine (9) yrs. and older may self administer sunscreen if supervised

### ❖ Insect Repellent / Other topical Ointments

- Shall be kept inaccessible to children
- Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until \_\_\_\_\_  
(Start Date) (End Date)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_