



ORANGE COUNTY PUBLIC SCHOOLS  
EXTENDED DAY ENRICHMENT PROGRAM  
REGISTRATION AND EMERGENCY FORM

School Teacher \_\_\_\_\_  
EX. DAY GROUP \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ BirthDate \_\_\_\_\_

My child will attend the:  Morning Session  Afternoon Session

Home Phone \_\_\_\_\_

Child's Address:

Number \_\_\_\_\_ Street name \_\_\_\_\_ apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Legal Custodian/s of Child:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other children in home ( names, ages ) : \_\_\_\_\_

Mother / Guardian \_\_\_\_\_

Father / Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother / Guardian may pick up child.

Father / Guardian may pick up child.

**Others Authorized as Emergency Contacts and/or to pick up child.**

Emergency Contact  
 Pickup

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact  
 Pick up

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact  
 Pick up

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Special Pick up / Departure Instructions ( Copy of legal document must accompany denial of parent pick up. )**  
**Code Word used to verify telephone instructions concerning changes in pick-up for this child:**

\_\_\_\_\_

**CHILD WILL ONLY BE ALLOWED TO LEAVED WITH AUTHORIZED INDIVIDUALS.**

**Medical Information (Preferred Hospital, Doctor & Dentist. Known health problems, medical conditions, & medication history**

**Photo/Video Permission - Please initial each box**

For and in consideration of benefits to be derived from the Extended Day Program, I/we do hereby consent, authorize and grant permission to the School Board Orange County, Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures, video or audio tapes of this child, and do further consent to the publication of same. I/We hereby relinquish and give to the School Board of Orange County, Florida, all right, title, interest and/or compensation of said materials for publication or other use. I release any and all claims of any nature whatsoever arising from their use.

**Care/Transport/Treatment Permission - Please initial each box**

In case of a minor accident or illness, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my child.

In the event of a life threatening accident or illness, I understand that the school may contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

In order to expedite the care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for the child's treatment and transport

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I (or a listed emergency contact person) be notified of my child's condition and admission as soon as possible.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Full Tuition

3rd Child Discount

Ex. Day Staff (gratis) \_\_\_\_\_ Principal/designee signature

School Staff (50% ) \_\_\_\_\_ Principal/designee signature

OCPS Scholarship (50%)

External Scholarship i.e. 4-C, C.G.I, etc.\*

(\*Please retain approval letters/monthly reports with official records for audit.)

Other \_\_\_\_\_

PLEASE ATTACH DOCUMENTATION

**ENROLL DATE**.....

**REGISTRATION PAID** .....**WITHDRAW DATE**