

## SANTA ROSA COMMUNITY SCHOOL EXTENDED DAY/SUMMER CAMP PROGRAM

<b>STUDENT INFORMATION</b>	Child's Name: _____ Sex: M or F DOB: _____ Age: _____ Grade: _____ Address: _____ City/State/Zip: _____ Home Phone: _____ Doctor's Name: _____ Phone #: _____															
<b>PARENT/GUARDIAN INFORMATION</b>	Mother's Name: _____ Father's Name: _____ Address: _____ Address: _____ <span style="display: block; text-align: center; font-size: small;">(If different from child)</span> Place of Work: _____ Place of Work: _____ Work Phone: _____ Work Phone: _____ Cell Phone: _____ Cell Phone: _____ Email: _____ Email: _____															
<b>CONTACTS</b>	Persons to be contacted if parents cannot be reached ( <b>must list 2</b> ) and are also authorized to remove child from facility ( <b>must be at least 16 years of age</b> ).  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Phone</th> <th style="width: 40%; text-align: left;">Relationship</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Phone	Relationship	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____
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1. _____	_____	_____														
2. _____	_____	_____														
3. _____	_____	_____														
4. _____	_____	_____														
<b>Health Information</b>	Does your child need a medicine release form? <input type="checkbox"/> YES <input type="checkbox"/> NO Special instructions/Health Problems: <i>(anything to benefit the care of your child)</i> _____  For persons with disabilities, please indicate in the space provided on the application any special accommodation needs such as sign language interpreter, preferred seating, etc. Prior notification of at least one week is needed for arrangements to be made for an interpreter.															
<b>Office Use ONLY Extended Day No Changes <input type="checkbox"/></b>	Date: _____ Receipt #: _____ Book #: _____ Start Date: _____ Fee per day: _____ Dates Paid: _____ Amount Paid: _____ Officer: _____ Extended Day Site: _____ Full Day Site: _____ Title XX Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiration Date: _____															
<b>Office Use ONLY Summer Camp No Changes <input type="checkbox"/></b>	Date: _____ Receipt #: _____ Book #: _____ Start Date: _____ Fee per day: _____ Dates Paid: _____ Amount Paid: _____ Officer: _____ Summer Camp Site: _____ Title XX Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiration Date: _____															

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do authorize David Sigurnjak, Director, Santa Rosa Community School, or his representative, the custody of said minor for the portion of time the said minor attends the Santa Rosa Community School programs. I also authorize the Santa Rosa Community School to transport the said minor to the site of activities and in the event that it may become necessary, including but not limited to, engaging a physician or hospital to provide medical services. I further authorize and agree to hold harmless the Santa Rosa Community School and Santa Rosa County School Board from any and all liabilities arising from the Community School programs, save and except negligence. **I understand that if the said minor becomes a disciplinary problem that said minor's participation in the program may be suspended or terminated.** In either case, **NO REFUND** will be issued. I also authorize David Sigurnjak or his representative to use my child's name and/or photograph at his discretion for both training and publicity regarding the Santa Rosa Community School's childcare programs. I further acknowledge that I have received a copy of the "**The Flu, A Guide for Parents**" brochure and the "**Childcare Program Handbook**" which contains the Santa Rosa Community School's discipline policy as well as grievance procedures. I also understand that some children in our care may not have current immunizations. By signing this I acknowledge that I have read, received, understand and will abide by all of Santa Rosa Community School's policies. I further agree that I will abide by these policies as long as my child participates in the Community School Childcare Program and failure to do so may result in my childcare privileges being discontinued.

As part of the Santa Rosa Community School Extended Day, Full Day, and Summer Camp programs, our students are shown "G" and "PG" rated movies at our various sites and local movie theaters.

\_\_\_\_\_ YES \_\_\_\_\_ NO    **My child has permission to watch "G" and "PG" rated movies.**

\_\_\_\_\_ YES \_\_\_\_\_ NO    **I give permission to apply sunscreen, as needed, to prevent sunburn.**

\_\_\_\_\_  
**Signature** of Parent or Legal Guardian

\_\_\_\_\_  
**Print Name** of Parent or Legal Guardian

**MUST BE COMPLETED IF MAKING PAYMENT BY CHECK**

Name: \_\_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

*It is the policy of Santa Rosa County to offer the opportunity to students to participate in appropriate programs, services, and activities without regard to race, color, religion, national origin, sex, marital status, or disability.*